

<b>Case Number:</b>	CM14-0005452		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The request is for Flexeril 10mg #30 refill. Per MTUS guideline page 64, "Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief...Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement..." MTUS guideline specifically cites flexeril should be used for short term, no more than 2 weeks due to greater adverse effect versus benefit while peak benefit is seen first 4 days of application. The recommendation is for denial. &#8195;

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**RETROSPECTIVE REQUEST FOR FLEXERIL 10 MG #30 (DOS 11/20/2013):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Cyclobenzaprine (Flexeril®, Amrix®, Fexmid<sub>i</sub>, generic available): Page(s): 64.

**Decision rationale:** The request is for Flexeril 10mg #30 refill. Per MTUS guideline page 64, "Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief...Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement..." MTUS guideline specifically cites flexeril should be used for short term, no more than 2 weeks due to greater adverse effect versus benefit while peak benefit is seen first 4 days of application. The recommendation is for denial.

**RETROSPECTIVE REQUEST FOR MAGNETIC RESONANCE IMAGING (MRI) OF THE CERVICAL SPINE (DOS 11/20/2013): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE GUIDELINES, CHAPTER 8 NECK AND UPPER BACK COMPLAINTS, 179-180

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

**Decision rationale:** The request is for the MRI of cervical spine from 1/8/14 report. The MRI appears to have been obtained without authorization on 1/17/14. There are no prior MRI of C-spine. The request for C-spine MRI was denied by utilization review letter 12/12/13 based on the fact that the cervical spine was not an accepted body part. Per Labor Code 4610, utilization review should comment on medical necessity of the issue only. As for the medical necessity of the MRI study, ACOEM page 177 and 178 states, "Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure." as the indication for MR imaging which in this case does not qualify. ODG guidelines recommend MRI's for "neurologic signs and symptoms" when plain films are negative. In this case, the treater documents radiating symptoms into the right arm. This constitute "neurologic symptom" and evidence of tissue insult and neurologic dysfunction. Given that the patient has not had an MRI of C-spine, recommendation is for authorization.