

<b>Case Number:</b>	CM14-0006157		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 and 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 patient is a 59-year-old male with an injury date of 03/07/12. Based on the 12/18/13 progress report provided by [REDACTED] the patient complains of low back and left shoulder pain rated 8/10 with and 9/10 without meds. Physical examination to the lumbar spine revealed hypertonicity, spasm and tenderness of the paravertebral muscles. Range of motion was decreased and restricted by pain, especially on extension 0 degrees. Examination of the left shoulder revealed atrophy at the deltoid muscle. Hawkin's and Neer's tests were positive. Patient uses Flexeril "as needed for acute muscle spasms, which occur primarily at night; also helpful with sleep because it reduces spasms across the neck, shoulder and low back." Per progress report dated 11/20/13 by [REDACTED] patient is maintained on Flexeril. Diagnosis 12/18/13- lumbar facet syndrome- spondylolisthesis- shoulder pain- cervical pain h/o stroke, also possible concussion syn [REDACTED] is requesting Flexeril 10mg #30 W/2 refills. The utilization review determination being challenged is dated 01/07/14. The rationale is "no documentation for acute muscle spasm..." [REDACTED] is the requesting provider and he provided treatment reports from 11/20/13 - 12/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG #30 W/2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with low back and left shoulder pain rated 8/10 with and 9/10 without meds. The request is for Flexeril 10mg #30 W/2 refills. His diagnosis dated 12/18/13 includes lumbar facet syndrome, spondylolisthesis and shoulder pain. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated 12/18/13, patient uses Flexeril as needed for acute muscle spasms. Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Review of reports show patient has used cyclobenzaprine, in the form of Fexmid at least from 11/20/13 per treater's report, until utilization review date of 01/01/14. Recommendation is for denial.