

<b>Case Number:</b>	CM14-0116001		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/05/1997
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Occupational Medicine 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 claimant injured her thoracic spine on 11/05/97. Flexeril is under review. The claimant has used medication, attended physical therapy and had median branch blocks. The patient is status post thoracic fusion in December 2001. Her medications have included Duragesic, Norco and Flexeril at bedtime as needed, Neurontin, Trazodone, and Prozac. On 12/13/12, she was using Duragesic, Norco, Flexeril, Trazodone, Xanax, and Prozac. She saw [REDACTED]. Her pattern of use of the Flexeril was not described. On 05/08/14, she saw [REDACTED] and was taking Flexeril 7.5 mg in the evening along with the other medications. She had good range of motion of the thoracic spine with pain. On 06/12/14, the claimant was doing about the same. She reported ongoing radicular rib pain that was better since taking Neurontin at bedtime. She still had thoracic pain. He was walking for exercise. On 07/09/14, physical therapy was requested. Her pain was 3-5/10 without meds and 1-2/10 with meds. It was in the thoracic region and across the shoulder blades. She was using fentanyl patches, Norco, Zanaflex, and Trazodone. PT was recommended for strengthening. Physical examination revealed lumbar thoracic flexion up to 90, extension 20, and thoracic rotation bilaterally to 20. She was tender over the midline of the thoracic region at T7-T9 as well as the paraspinals. Her strength was intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers - Flexeril, Medications for Chronic Pain Page(s): 74, 94.

**Decision rationale:** The history and documentation do not objectively support the request for Flexeril 7.5 mg. The MTUS state for cyclobenzaprine (Flexeril), "recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Men's 2005) Up-to-date for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of this medication, trials of exercise and other first-line drugs for chronic pain such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Flexeril 7.5 mg is not medically necessary.