

<b>Case Number:</b>	CM14-0161216		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 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 injured worker is a 62-year-old female who sustained an injury on 5/3/13. As per the 9/17/14, she complained of pain in the neck, and back radiating from low back including postero-lateral thigh and calf including the lateral, bottom, and dorsal aspect of the foot, low back down left leg and lower backache. She rated the neck pain at 6/10, low back pain at 7/10 and 8.5/10 without medication. She also had poor quality of sleep. Exam revealed antalgic gait, restricted ROM of the C-spine, paravertebral muscle hypertonicity, spasm, tenderness, tight muscle band and trigger point (a twitch response obtained along with radiating pain on palpation) on the right, tenderness at the paracervical muscles and trapezius, positive cervical facet loading on the right, restricted ROM of the L-spine, unable to walk on heel, positive Faber test, trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right trapezius muscle, and decreased sensation to pin prick over the L5 lower extremity dermatome on the left. EMG of the BUE from January 2014 was unremarkable. MRI of the C-spine dated 4/4/14 revealed degenerative changes. Bilateral hip X-ray dated 3/27/14 revealed mild degenerative spurring of both hips. L-spine X-ray dated 3/27/14 revealed findings of degenerative disc disease most severe at the L4-L5. She is status post MBB on 7/11/14 with reduction in pain from 6/10 to 1/10 and residual pain relief for almost one month. She is currently taking Naprosyn and Flexeril. Previous treatments have included physical therapy, TENS and injections. She still has pain symptoms on a continuous basis, but they are alleviated somewhat by current medications. She has mild drowsiness on Flexeril, but tolerable. Trial of Ultracet was recommended due to non-certifications of Flexeril and Naprosyn. L-spine MRI, EMG of BUE, and Trial of TENS unit are pending authorization. CURES report checked on 5/22/14 was appropriate. She was interested in non-pharmacologic treatment alternatives to address the pain. Diagnoses include spasm of muscle, lumbar radiculopathy, cervical pain, post-

concussion syndrome, and cervical facet syndrome. The request for Flexeril 5 Mg Tab Qty. 30.00 was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 5 Mg Tab Qty. 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Flexeril Page(s): 41.

**Decision rationale:** Per the cited guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. 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. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function or pain with continuous use. Chronic use of this medication is not recommended. Therefore, the medical necessity of the request for Flexeril is not established per guidelines.