

<b>Case Number:</b>	CM14-0174916		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	09/09/2001
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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:

Injured worker is a female with date of injury 12/3/1954. Per primary treating physician's progress report and appeal of denial dated 10/15/2014, the injured worker complains of ongoing difficulty with pain in the mid back, low back, bilateral legs, knees and ankle pain as well as muscle spasms. Her pain is rated at 8/10, but is reduced to 4-5/10 with use of her current medications. She states that with the reduced pain she has been able to improve her activity tolerance. She states that she has increased her tolerance for riding her stationary bike from 20 minutes to 37 minutes at a time. On examination her weight is 191 pounds, height is 5 feet, 4 inches, BMI is 32.78, BSA is 1.98, blood pressure is 139/110, and pulse is 89. Diagnoses include 1) multiple level degenerative disc disease, lumbar spine 2) status post laminectomy and discectomy, L4-5 3) status post discectomy and laminectomy, L5-S1 4) posterior disc bulge with annular tear, L3-4 5) moderate to severe loss of disc height and disc disease, L4-5 6) 10 mm disc herniation, L5-S1, with moderate to severe disc height loss 7) facet arthropathy with facet hypertrophy, L4-5 and L5-S1 8) severe disc collapse, L4-5 and L5-S1, with associated disc bulge resulting in neural foraminal narrowing at L4-5 and L5-S1 bilaterally 9) status post spinal cord stimulator implant 10) status post bilateral total knee replacements with two revisions on the left and one revision on the right, non-industrial 11) dysexecutive syndrome secondary to frontal lobe dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg Quantity : 60 Refills: 3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) Page(s): 41, 42, 63, 64.

**Decision rationale:** Per the requesting physician, the injured worker has refractory severe back spasms along with severe cramping and spasms in her legs. He reports that he agrees with the guidelines in regards to limited use of muscle relaxants in the setting of a musculoskeletal injury, but disagrees in conditions where there is significant neurological compromise. Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. The requesting physician's appeal is understood, however cyclobenzaprine is not a muscle relaxant that is recommended for chronic use by the MTUS Guidelines. There are other muscle relaxants that have sufficient studies providing evidence for chronic use with spasticity as a result of spinal cord injuries. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg Quantity: 60 Refills: 3 are determined not medically necessary.