

<b>Case Number:</b>	CM14-0184324		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Pain 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 injured worker is a 46-year-old male with an original date of injury of June 5, 2009. The industrially related diagnoses include chronic low back pain, lumbar radiculopathy, history of lumbar interbody fusion, cervical distribution, and chronic neck pain. The patient is on multiple pain medications including hydrocodone, gabapentin, and Flexeril. The disputed issue is a request for the Flexeril which is being used for the cervical spine. This was denied in a utilization review determination. The stated rationale for this denial was that there was "no indication of any specific objective muscle spasms occurring on physical examination to support the need for Flexeril." The utilization reviewer also raised concern that it seemed Soma was simultaneously being used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, three times a day, #90 as needed for the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Cyclobenzaprine is an FDA approved muscle relaxant. The injured worker has documentation of spasm in the thoracic and lumbar spine. This was noted in past progress notes including one from March 2014. It is noted importantly at the time of the request for Flexeril, that the patient was taking Soma. Soma metabolizes to meprobamate, and has more addictive potential than other muscle relaxants. The provider wished to switch from Soma to Flexeril as documented in a note on date of service September 3, 2014. This type of switch is reasonable. The cyclobenzaprine (Flexeril) is medically necessary.