

<b>Case Number:</b>	CM14-0021374		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/21/2001
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Medicine, and is licensed to practice in New Jersey. 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 Physician 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 worker is a 70 year old male who injured his back on 2/21/2001. He was given the diagnoses of shoulder joint pain, cervicalgia, and lumbago, and has been having chronic low back pain and shoulder pain managed primarily with opioids and muscle relaxants since 1/12. On 3/20/13 the worker was seen by his physician complaining of worse pain in back with leg pains getting worse as he was attempting to wean down on his Norco and ran out of medications except for Ultram. He was prescribed Ultram, Amrix and Norco at the time. On 10/17/13 the worker was seen by his treating physician complaining of spasms getting worse since he stopped taking the muscle relaxants since they were denied by worker's compensation leading up to the visit. He reported constant pain in his left gluteal region and is waxing and waning in nature and he felt that his pain was not currently controlled with only the Norco and Ultram, which the patient was taking. His physician then prescribed (pending approval) Flexeril and continued the Norco, but discontinued Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF FLEXERIL 10MG, #90:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines indicate that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the pain is chronic in nature and no evidence was seen that the worker was experiencing acute exacerbations as he only got worse due to decreases in pain medication or abrupt stops after running out. The worker clearly was getting some relief from the Flexeril and other muscle relaxants in the past, but Flexeril is not to be used chronically. Other more appropriate treatment options need to be discussed with the worker. No review in the progress notes provided suggested this case to be an exception, or which other first-line medications were tried and failed and why. Therefore, Flexeril 10 mg #90 is not medically necessary.