

<b>Case Number:</b>	CM14-0063713		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 49 year old employee with date of injury of 2/2/2010. Medical records indicate the patient is undergoing treatment for bilateral epicondylitis and s/p (status post) right lateral epicondylar release in 10/2010; right carpal tunnel syndrome and s/p right carpal tunnel surgical release on 6/11/2010; left carpal tunnel syndrome and s/p left carpal tunnel surgical release on 8/2/2010; chronic lower back pain without restriction in range of motion (ROM). He has congenital cervical stenosis with an element of left cervical radiculopathy, bilateral cervical radiculopathy. He also has chronic and pain related insomnia. Subjective complaints include increased bilateral upper extremity, bilateral wrist and neck pain. The patient states that since he has been denied medications/treatments that his pain level has gone up and he has become more anxious and depressed. The patient says that continued use of Flexeril does decrease myofascial tension and spastic pain. He said the Norco and Pristiq were helpful for pain relief and mood. He has been taking Ibuprofen which has caused stomach discomfort. He rates his pain with medication as a 4/10 and without medication as a 7/10. His quality of sleep, concentration and his mood is affected by pain. He now has severe bloating and abdominal pain to constipation that lasts 4-6 days. He was only approved to continue Senokot and Colace for opioid induced constipation. Objective findings include an exam of the left upper extremity reveals full active range of motion. His compartments are otherwise soft and sensation is intact throughout to light touch. There is no evidence of instability. He does have tenderness to palpation to the left lateral epicondyle. Treatment has consisted of Flexeril, Trazodone, Lyrica, Senokot, Colace, Norco, Pristiq Ibuprofen, Nexium and LidoPro. The patient is waiting for cardiac clearance in order to undergo a cervical fusion. The utilization review determination was rendered on 4/29/2014 recommending non-certification of Flexeril 10mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that, "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 should 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 medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine (Flexeril). As such, the request for Flexeril 10mg #30 is not medically necessary.