

<b>Case Number:</b>	CM14-0076075		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Preventative 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 46-year-old employee with date of injury of 5/15/2013. Medical records indicate the patient is undergoing treatment for left knee sprain and possible lumbar radiculopathy. Subjective complaints include pain was 8/10 and radiated down the left lower extremity and to left ankle and foot. Objective findings include antalgic gait; difficulty with heel walk and toe walk on left; normal reflex, sensory and power testing to bilateral lower and upper extremities except for mild weakness and numbness on the left at L5 and S1; straight leg raise and bowstring were equivocal on the left; lumber tenderness; lumbar spine range of motion decreased by 25% and left knee tenderness. Treatment has consisted of Methoderm ointment, Protonix, Naprosyn, Ultram and Anaprox DS. The utilization review determination was rendered on 5/19/2014 recommending not medically necessary of Flexeril 10mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42, 60-61. Decision based

on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

**Decision rationale:** The California 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. Additionally, MTUS outlines, 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) Up-to-date Flexeril also recommends Do not use longer than 2-3 weeks and is for Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which MTUS guidelines advise against. Therefore, the request for Flexeril 10mg is not medically necessary.