

<b>Case Number:</b>	CM14-0134633		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male who sustained an industrial injury on 4-9-14. The reported mechanism of injury was a tire blow out with resultant motor vehicle accident. In an initial comprehensive medical evaluation dated 4-14-14, the primary treating physician notes the injured worker has significant muscle spasm involving the neck and back and is placed on Flexeril. In a narrative re-evaluation report dated 7-10-14, the primary treating physician notes complaints of constant neck pain, headaches, radiating bilateral upper extremity pain associated with tingling, numbness, weakness and cramps. Pain is rated at 8-10 out of 10. He also reports lower back pain radiating down both lower extremities rated at 8-9 out of 10. Pain is associated with tingling, numbness and spasm. Headaches are one sided and associated with nausea and visual disturbances. It is noted he cannot sit, stand or drive in one position and frequently changes position. The pain is limiting activities of daily living and affecting sleep. He has significant muscle spasm involving the neck and back and is placed on Flexeril. Exam notes a slow guarded gait. There is midline tenderness from C2 to C6, bilateral cervical facet tenderness is noted at C2-C3, C5-C6 and bilateral trapezius tenderness. Cervical spine movements are noted to be painful. Exam of the midback is normal. Exam of the lower back shows midline tenderness from L4-L5 and L5-S1, bilateral sacroiliac and sciatic notch tenderness and thoracic and lumbar spine movements remain painful. Straight leg raise and Lasegue's are positive on the right and left at 60 degrees. Walking on toes and heels is painful. Xray of the cervical spine done 4-25-14 shows straightening of the cervical spine most consistent with muscle spasm. In a 7-11-14 review of records, the physician notes he underwent a 12-panel preliminary urine screen

which did not show any street drugs, illicit drugs or unprescribed medications. The impression is noted as flexion-extension industrial auto injury cervical spine and lumbar spine, possible cervical diskogenic pain-possible bilateral cervical facet pain C2-C3, C5-C6-possible cervical sprain-strain, bilateral cervical radicular pain, cervicogenic neck pain with cervicogenic headaches versus post concussion headaches, possible lumbar diskogenic pain-possible bilateral lumbar facet pain L4-L5, L5-S1-possible lumbar sprain-strain, possible bilateral lumbosacral radicular pain, and chest wall pain related to blunt trauma. Previous treatment includes Anaprox, Prilosec, Flexeril at bedtime, Ultram, Ultracin topical, at least 11 chiropractic physical therapy sessions, home heating pad, transcutaneous electrical nerve stimulation, Xray of cervical spine and lumbar spine, MRI lumbar spine-2014 and electromyography nerve conduction studies of upper and lower extremities done 7-2014. Work status is total temporary disability as it is noted that modified work is not available. The requested treatment is 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): 63.

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months along with NSAIDS. Long-term use is not recommended and is not medically necessary.