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| <b>Case Number:</b>   | CM14-0191290 |                              |            |
| <b>Date Assigned:</b> | 11/25/2014   | <b>Date of Injury:</b>       | 04/03/2001 |
| <b>Decision Date:</b> | 01/09/2015   | <b>UR Denial Date:</b>       | 10/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/17/2014 |

### 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 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:

According to the records made available for review, this is a 71-year-old female with a 4/3/01 date of injury. At the time (10/1/14) of the request for authorization for Flexeril 10mg #60, there is documentation of subjective (pain 8/10) and objective (ambulated with a stroller walker and antalgic gait, unable to do tiptoe and heel walking due to knee and low back pain, decreased range of motion at the right knee and lumbar spine, decreased sensation at the right lateral thigh and leg, tenderness at lower lumbar paraspinal muscles without muscle spasm) findings, current diagnoses (status post L5-S1 fusion in 1985 and L4-5 laminectomy and fusion in 9/2012, lumbar spine degenerative disc disease with chronic low back pain and right radicular pain, chronic pain syndrome, and long term use of narcotics with history of narcotic overdose), and treatment to date (medication including Flexeril for at least 6 months). There is no documentation of acute exacerbation of chronic pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date; and the intention to treat over a short course (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 fusion in 1985 and L4-5 laminectomy and fusion in 9/2012, lumbar spine degenerative disc disease with chronic low back pain and right radicular pain, chronic pain syndrome, and long term use of narcotics with history of narcotic overdose. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of treatment with Flexeril for at least 6 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date; and the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #60 is not medically necessary.