

<b>Case Number:</b>	CM14-0203346		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Occupational Medicine and is licensed to practice in Arizona. 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:

The patient is a 45 year old female with an injury date of 09/10/2012. The mechanism of injury has not been described in the submitted documentation. The patient was diagnosed with tear of peroneus longus tendon, left (ankle) and back pain. The patient states pain is rated at 7 of 10 and reported heightened functioning with current medication (Cyclobenzaprine) dosing by decreasing spasms. The result is improved range of motion, increased activity, exercise and ability to perform activities of daily living. The ankle had tenderness with painful range of motion. Treatment plan included repair of subluxating and torn peroneus longus tendon, activity modification, continue with post operative physical therapy, home exercises, cold, heat and stretching, medications and (TENS) transcutaneous electrical nerve stimulation for the left ankle and psychological evaluation to evaluate reactive depression. MRI of the left foot/ankle performed on 06/04/2014 demonstrated small tear peroneus longus tendon and degenerative changes of the subtalar joint. The patient is status post left ankle subtalar arthroscopy (undated). Utilization Review dated 11/07/2014 denied requested Cyclobenzaprine per CA MTUS guidelines as there was no documentation of the patient experiencing an acute exacerbation of muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine (Flexeril) 7.5mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants seem no more effective than NSAIDS for treating patients with musculoskeletal problems and using them with NSAIDS has no demonstrated benefit, however they have been shown to be effective as antispasmodics. Per the MTUS guidelines, efficacy appears to diminish over time and prolonged use may lead to dependence. Muscle relaxants act on the central nervous system and have no effect on peripheral musculature, they may hinder return to function by reducing the patient's motivation or ability to increase activity. Cyclobenzaprine is an antispasmodic that is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. Therefore, the request for Cyclobenzaprine 7.5mg # 90 is not medically necessary.