

<b>Case Number:</b>	CM14-0208333		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: Texas, 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:

This is a 46 years old female patient who sustained an injury on 11/10/2010. She sustained the injury due to involved in motor vehicle accident. The current diagnoses include C5 and C6 cervical radiculopathy, C5-C6 cervical disc extrusion, cervical stenosis, cervical facet joint pain, L5-S1 lumbar disc protrusion, L4-L5 lumbar discprotrusion, lumbar facet joint pain, and lumbar facet joint arthropathy. Per the doctor's note dated 11/11/2014, he had complaints of neck pain with radiation to left triceps and left dorsal forearm. The physical examination revealed cervical spine- tenderness, spasm, decreased range of motion, decreased strength in left upper extremity and decreased sensation in left C5 and C6 dermatomes. The medications list includes flexeril, zofran, norvasc, omeprazole, symbicort, singulair, thyroid medication and oxycodone. She has had cervical spine MRI dated 4/6/2011 which revealed 3mm central disc extrusion at C5-6; electro diagnostic studies dated 5/3/2011 which revealed bilateral C5 and C6 radiculopathy. She was authorized for cervical epidural steroid injection on 10/24/2014. She has undergone thyroidectomy on 9/18/2014, hystrectomy and bilateral cataract surgery. She has had urine drug screen on 4/22/14 which was consistent with prescribed medications except absence of oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg Qty 45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy; Cyclobenzaprine is more effective than placebo in the management of back pain; It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease;" According to the records provided patient had complaints of neck pain with radiation to left triceps and left dorsal forearm. The physical examination revealed cervical spine- tenderness, spasm, decreased range of motion. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10mg Qty 45 is medically appropriate and necessary to use as prn during acute exacerbations.