

<b>Case Number:</b>	CM14-0054861		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/14/1995
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 July 14, 1995. He reported injury to the lumbar spine and right shoulder. The injured worker was diagnosed as having lumbar spine herniated nucleus pulposus status post surgery, right shoulder impingement syndrome and history of gastritis. On October 30, 2013, the injured worker complained of right shoulder pain rated a 5-6 on a 1-10 pain scale and low back pain rated an 8 on the pain scale with medications only. He was noted to have received four lumbar epidural steroid injections, which he stated were helping reduce his symptoms. Physical examination of the lumbar spine and right shoulder revealed tenderness to palpation and decreased range of motion. The injured worker was noted to be in the chronic phase of treatment. Notes stated that he had shown subjective improvement in terms of stiffness and weakness as well as objective improvement in terms of tenderness and swelling. On the day of exam, he was noted to be pending an injection. The treatment plan included medication, transcutaneous electrical nerve stimulation unit and a follow-up visit. On April 16, 2014, utilization review denied a request for Flexeril 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, #60 for the lumbar spine and right shoulder injury:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders and ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. In this case, there is no evidence of muscle spasms on review of the medical records from 10/30/13. There is no evidence of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. There is no indication for the prolonged use of a muscle relaxant. Thus, the request is not medically necessary and the recommendation is for non-certification.