

<b>Case Number:</b>	CM15-0009167		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 32 year old male patient, who sustained an industrial related injury on 7/18/11. He sustained the injury while passing metal pieces above head. The diagnoses include thoracic/lumbosacral neuritis, sacrum disorder, acquired spondylolisthesis, pelvis and thigh pain, and lumbar intervertebral disc with myelopathy. Per the doctor's note dated 11/6/2014, he had complaints of right sided back pain, buttock pain, groin/inguinal and proximal thigh pain with radiation to the right calf or foot. The physical examination revealed normal range of motion of the lumbar spine; right sacroiliac joint tender to shear test, Gaenslen's maneuver, FABER test and lateral compression and abnormal sensation to light touch and pinprick to right foot plantar and dorsum of foot. Prescriptions included Tramadol ER, Cyclobenzaprine, Prilosec, Norco, and Naproxen. He has had an MRI lumbar spine on 8/7/14 which revealed focal central disc protrusion at L4-5 and L5-S1 without herniation or nerve root displacement; EMG/NCS of the lower extremities on 8/12/2014. Treatment included physical therapy, lumbar epidural steroid injections, and sacroiliac joint injections. The treating physician requested authorization for Flexeril 5mg #60. On 12/17/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted treatment with this medication should be brief. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Cyclobenzaprine Page(s): 41-42, 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Page(s): page 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. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. 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 right sided back pain, buttock pain, groin/inguinal and proximal thigh pain with radiation to the right calf or foot. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for Cyclobenzaprine Hydrochloride on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm or an acute exacerbation in a recent note is not specified in the records provided. The need for 60 tablets of flexeril 5mg, as submitted, was not deemed medically necessary. The medical necessity of Flexeril 5mg quantity 60 is not established for this patient.