

<b>Case Number:</b>	CM15-0105226		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 56-year-old male patient, who sustained an industrial injury on 8/17/12. The diagnoses include lumbar spinal stenosis and a tibia fracture. Per the doctor's note dated 5/4/15, he had complains of pain in the right ankle and low back at 8/10; difficulty falling asleep due to being interrupted by pain. The physical examination revealed tenderness over the right ankle and lumbar spine. The medications list includes flexeril, lorzone (chlorzoxazone) and conzip (tramadol). He has had multiple diagnostic studies including right ankle X-rays, lumbar MRI and EMG/NCS lower extremity. Treatment to date has included open reduction internal fixation for the distal tibia, physical therapy, intra-articular steroid injections, TENS, and medication. The treating physician requested authorization for Flexeril 10mg #30. The treating physician noted Flexeril was needed as Lorzone had been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

**Decision rationale:** Q-- Flexeril 10mg #30 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 chronic low back pain and right ankle pain with history of ankle surgeries for tibial fracture. Physical examination revealed tenderness over the lumbar spine and right ankle. He had diagnostic studies with abnormal findings. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, Flexeril is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10 mg#30 is medically necessary to use as prn during acute exacerbations.