

<b>Case Number:</b>	CM15-0107170		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 57 year old female who sustained an industrial injury on August 21, 2001. She has reported neck pain, carpal tunnel syndrome, and low back pain and has been diagnosed with degeneration of cervical intervertebral disc, carpal tunnel syndrome, dysthymic disorder, muscle pain, lumbar degenerative disc disease, lumbar radiculopathy, cervical radiculopathy, and chronic pain syndrome. Treatment has included physical therapy, medications, a TENS unit, home exercise program, and injections. The injured worker had mild diffuse weakness of the legs bilaterally. Sensation was decreased over the inner thighs bilaterally and the posterolateral left calf. There was tenderness over the paraspinals. There was increased pain with flexion and extension. Straight leg raise was positive. There was tenderness of the posterior neck. Range of motion was moderately decreased globally. There was mild decreased sensation to the hands bilaterally. The treatment request included Flexeril 7.5 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine (Flexeril) 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine (Flexeril) 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are in degeneration cervical intervertebral disc; carpal tunnel syndrome; dysthymic disorder; muscle pain; lumbar degenerative disc disease; lumbar radiculopathy; cervical radiculopathy; chronic pain syndrome; gastroesophageal reflux disease; and constipation. The earliest progress note that contains Flexeril 10 mg is dated March 19, 2014. The most recent progress note dated April 23, 2015 shows the worker is still using Flexeril. Subjectively, the worker has ongoing complaints of neck, carpal tunnel syndrome and low back pain. Objectively, there is no spasm noted. There is tenderness palpation with decreased range of motion at the lumbar spine. Cyclobenzaprine is indicated for an acute exacerbation of chronic low back pain and is indicated for short-term treatment (less than two weeks). There is no documentation of an acute exacerbation of chronic low back pain. The earliest progress note with Flexeril is dated March 19, 2014. This is not necessarily the start date for cyclobenzaprine. Cyclobenzaprine was continued through April 20, 2015. The treating provider continued cyclobenzaprine for greater than 12 months in excess of the recommended guidelines. Consequently, absent clinical documentation indicating an acute exacerbation of chronic low back pain and continued cyclobenzaprine treatment in excess of 12 months (guidelines recommend short-term less than two weeks), cyclobenzaprine (Flexeril) 7.5 mg #60 is not medically necessary.