

<b>Case Number:</b>	CM15-0134050		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male who sustained an industrial /work injury on 1/23/13. He reported an initial complaint of back pain. The injured worker was diagnosed as having myalgia and myositis. Treatment to date includes medication, epidural steroid injections, acupuncture, activity modification, diagnostics, and physical therapy. MRI results were reported on 3/12/13. Currently, the injured worker complained of pain to the low back with spasms and numbness. Per the physician's supplemental report on 5/27/15, exam noted trigger points to the lumbar spine and a decreased range of motion by 10% in all planes. There was decreased strength with bilateral dorsiflexors and bilateral extensor hallucis longus muscles, normal strength in the bilateral knee flexors and knee extensors. There was positive bilateral straight leg raise at 40 degrees. The requested treatments include Flexeril 7.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #90:** Upheld

**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 Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. According to MTUS guidelines, non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to MTUS guidelines, Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). 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. The greatest effect appears to be in the first 4 days of treatment. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore, the request for authorization of Flexeril 7.5mg #90 is not medically necessary.