

<b>Case Number:</b>	CM15-0147592		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/20/1994
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 55-year-old female patient, who sustained an industrial injury on October 20, 1994. The diagnoses include status post L4-L5 fusion with revision at L5-S1 and chronic right shoulder pain. Per the doctor's note dated July 1, 2015, her medications bring her pain down to a 2-3 on a 1-10 pain scale. With her medications, she was noted to be able to work without restrictions. The physical examination revealed no significant changes. Per the note dated 8/21/14, physical examination revealed limited range of motion of the lumbar spine. Per the note dated 11/6/14, flexeril help with the spasm. The medications list includes norco, flexeril, prevacid and biofreeze topical gel. She has undergone right shoulder surgery, gastric bypass and lumbar surgery in 2012. Other therapy done for this injury was not specified in the records provided. On July 16, 2015, Utilization Review non-certified the request for Flexeril 10mg #60, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants 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:** Flexeril 10mg Qty 60. 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 back pain with limited range of motion. She has a history of lumbar spine surgery. Per the records provided medications bring her pain down to a 2-3 on a 1-10 pain scale. With her medications, she was noted to be able to work without restrictions. 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 10mg Qty 60 is medically appropriate and necessary to use as prn during acute exacerbations.