

<b>Case Number:</b>	CM15-0162139		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old female, who sustained an industrial injury on August 25, 2009. The injury occurred when the injured worker opened the hatch of her company car. The hatch came down and struck her neck. The injured worker noted neck pain radiating to the trapezius muscles and arms. Associated symptoms included arm weakness and numbness over the left side of her face. The injured worker was also noted to have had a motor vehicle accident in 2006. The injured workers symptoms had resolved from the motor vehicle accident. The diagnoses have included chronic neck pain, cervical facet joint pain, cervical facet joint arthropathy, cervical sprain-strain and gastroesophageal reflux disease. Treatment and evaluation to date has included medications, radiological studies, MRI, acupuncture treatments, physical therapy, cervical epidural steroid injections, facet blocks, neck brace, transcutaneous electrical nerve stimulation unit, radiofrequency ablation and a cervical fusion. The injured worker was noted to be temporarily totally disabled. Current documentation dated July 28, 2015 notes that the injured worker reported bilateral neck pain. Examination of the cervical spine revealed tenderness to palpation and spasms. Range of motion was noted to be restricted by pain in all directions. Cervical facet joint provocative maneuvers were positive. The treating physician's plan of care included a request for Flexeril 5 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The patient presents with bilateral neck pain. The request is for Flexeril 5mg #60. Patient is status post multiple cervical spine surgeries, the latest on 06/03/14. Physical examination to the cervical spine on 07/28/15 revealed tenderness to palpation over the bilateral C2-C7 facet joints. Range of motion was limited in all planes with pain. Per 08/21/15 progress report, patient's diagnosis include status post fluoroscopically-guided right C2-C3 and C3-C4 radiofrequency nerve ablation (neurotomy/rhizotomy); status post positive fluoroscopically-guided diagnostic right C2-C3 and right C3-C4 facet joint medial joint branch block; anterior cervical discectomy and fusion at C4-C5; anterior cervical discectomy and fusion at C5-C6; endometriosis; bilateral lower cervical facet joint pain at C4-C5 and C6-C7; bilateral upper cervical facet joint pain at C2-C3 and C3-C4; cervical facet joint arthropathy; anterior cervical discectomy and fusion at C5-C6; cervical sprain/strain. Patient's medications, per Request For Authorization form dated 07/31/15 include MS Contin, Norco, and Flexeril. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, Muscle Relaxants (for pain) section, states: "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. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." Treater does not discuss this request. A prescription for Flexeril was first noted in progress report dated 10/07/14 and the patient utilizing this medication at least since then. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines recommend short-term use of Flexeril, not to exceed 3 weeks. The requested 60 tablets, in addition to prior use, does not imply short duration therapy. Therefore, the request is not medically necessary.