

<b>Case Number:</b>	CM15-0162605		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 26 year old female who sustained an industrial injury on 08-21-2014. Mechanism of injury occurred when she was unloading a heavy side table from a car to the ground with a fellow employee. Diagnoses include thoracic spine sprain and myalgia. She has a history of gastroesophageal reflux disease while taking NSAIDs. Treatment to date has included diagnostic studies, medications, use of a brace, physical therapy and medial branch blocks to the lumbar area. On 02-18-2015 a Magnetic Resonance Imaging of the thoracic spine showed slight multilevel early degenerative changes of the thoracic spine and upper lumbar spine is present, same as previous Magnetic Resonance Imaging. As of April 2015 she was not working because employer did not have modified duty. Medications include Naprosyn, Omeprazole, Flexeril, Neurontin, and Lidopro. A physician progress note dated 06-17-2015 documents the injured worker complains of increased pain in the bilateral sacroiliac joints with spasms and numbness. There was also pain in the left thigh and thoracic spine. There was tenderness present to the thoracic spine and spasm at the thoracic spine and paraspinal muscles. Range of motion was decreased. Several documents within the submitted medical records are difficult to decipher. The treatment plan includes Omeprazole 20mg for a Qty: 30, at one per day, physical therapy, and bilateral S1 injections. Treatment requested is for Flexeril 7.5mg TID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg TID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Cyclobenzaprine (Flexeril) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

**Decision rationale:** This claimant was injured in 2014 with diagnoses that include a thoracic spine sprain and myalgia. As of April 2015 she was not working because employer did not have modified duty. Medications included Naprosyn, Omeprazole, Flexeril, Neurontin, and LidoPro. She has been on the Flexeril long term, and it is being taken with other agents. The MTUS recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is appropriately non-certified, therefore is not medically necessary.