

<b>Case Number:</b>	CM15-0185590		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Arizona, 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:

The 66 year old female injured worker suffered an industrial injury on 7-31-2001. The diagnoses included lumbago, low back pain, sacroiliac joint dysfunctions, trochanteric bursitis, piriformis syndrome and cervical, thoracic or lumbar facet arthropathy. On 8-5-2015 the treating provider reported lower back, right buttocks, posterior leg and slower extremity pain rated 7 out of 10 with medications and 9 out of 10 without medication. She stated it felt as though the back was popping out of place. On exam the lumbar spine was painful with marked tenderness over the facet joints and marked pain over the right sacroiliac joint, piriformis and right trochanteric bursa. Prior treatment included Tylenol, Celebrex, Gabapentin, and Hydrocodone. The documentation indicated Flexeril had been in use at least since 7/2015 without evidence of benefit. Diagnostics included lumbar magnetic resonance imaging 7/2015. Request for Authorization date was 8-25-2015. The Utilization Review on 9-1-2015 determined non-certification for Flexeril 10 mg, ninety count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg, ninety count:** 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).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril several months in combination with NSAIDS and opioids without significant improvement in pain or function. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.