

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0188938 |                              |            |
| <b>Date Assigned:</b> | 09/30/2015   | <b>Date of Injury:</b>       | 06/13/2001 |
| <b>Decision Date:</b> | 11/13/2015   | <b>UR Denial Date:</b>       | 09/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2015 |

### 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 45 year old female, who sustained an industrial injury on June 13, 2001. The injured worker was diagnosed as having cervical three to four and cervical four to five disc degeneration, segment degeneration at lumbar four through five levels, cervical pseudoarthrosis, status post revision of cervical fusion anterior and posterior, status post cervical five through seven fusion, and degeneration at cervical seven through thoracic one levels. Treatment and diagnostic studies to date has included medication regimen, above noted procedures, physical therapy, chiropractic therapy, steroid injections to the low back, injections to the shoulders and neck, x-ray of the cervical spine, and magnetic resonance imaging of the cervical spine. In a progress note dated September 03, 2015 the treating physician reports complaints of pain to the neck that radiates to the bilateral shoulders into the mid scapular region down to the left arm along with complaints of pain to the low back. Examination performed on September 03, 2015 was revealing for tenderness or spasms to the cervical paravertebral muscles, the trapezius muscles bilaterally, and the interscapular region. On September 03, 2015 the injured worker's medication regimen included Lyrica (since at least February of 2015) and Flexeril (Cyclobenzaprine) (since at least August of 2015). The injured worker's pain level on September 03, 2015 to the neck, shoulders, and left arm was rated a 2 to 3 out of 10 on a visual analog scale with the use of her medication regimen that increases to a 10 out of 10 without the use of her medication regimen. The injured worker's pain level on September 03, 2015 to the low back was rated a 1 out of 10 on a visual analog scale with the use of her medication regimen that increases to a 6 out of 10 without the use of her medication regimen. The progress note did not indicate if

the injured worker experienced any functional improvement with use of her medication regimen. On September 03, 2015 the treating physician requested Flexeril 10mg with a quantity of 90 noting current use of this medication. On September 11, 2015 the Utilization Review determined the request for Flexeril 10mg with a quantity of 90 to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

**Decision rationale:** The patient presents on 09/03/15 with neck pain rated 2-3/10 which radiates into the bilateral shoulders, scapular region, and left arm. The patient's date of injury is 06/13/01. The request is for Flexeril 10mg #90. The RFA is dated 09/03/15. Physical examination dated 09/03/15 reveals tenderness to palpation and spasms of the cervical paravertebral musculature, bilateral trapezius, and interscapular space. The patient is currently prescribed Lyrica and Flexeril. Patient is currently classified as permanent and stationary. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "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). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 08/03/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 90 tablets in addition to prior use does not imply the intent to limit this medication to a 2-3 week duration. Therefore, the request is not medically necessary.