

<b>Case Number:</b>	CM15-0190241		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 male, who sustained an industrial injury on 07-01-2013. He has reported injury to the low back. The diagnoses have included lumbar spine disc injury; lumbar spine strain; and lumbar spine radiculopathy. Treatment to date has included medications, diagnostics, activity modification, acupuncture, and lumbar epidural steroid injection. Medications have included Norco, Flexeril, Soma, Zanaflex, Ketoprofen cream, and Ambien. A progress report from the treating provider, dated 09-11-2015, documented an evaluation with the injured worker. The injured worker reported increased pain and discomfort in his back and both legs; he also reports flare-up of pain and discomfort in the back and wishes to have additional treatment; and he is currently working with modifications. Objective findings included lumbar spine and lumbosacral tenderness to palpation with painful range of motion; flexion is 50% of normal; extension is approximately 50% of normal; he has good range of motion with lateral flexion and rotation; straight leg raising test is positive bilaterally; and deep tendon reflexes are 2+ and equal in the bilateral lower extremities. The provider has indicated that the injured worker discontinue the Flexeril, as it is not working, and try Amrix for spasm control for severe flare-up of pain involving the low back and leg. The treatment plan has included the request for Amrix 15mg, #30 (to replace Flexeril). The original utilization review, dated 09-21-2015, non-certified the request for Amrix 15mg, #30 (to replace Flexeril).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15mg, #30 (to replace Flexeril): 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), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) and Other Medical Treatment Guidelines UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." "The medication is not recommended to be used for longer than 2-3 weeks." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." The patient is prescribed other pain medications, along with cyclobenzaprine, which ODG recommends against. As such, the request for Amrix 15mg, #30 (to replace Flexeril) is not medically necessary.