

<b>Case Number:</b>	CM15-0193286		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 41-year-old female with an industrial injury dated 05-01-2013. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder sprain and strain, adhesive capsulitis, thoracic spine sprain and strain, and cervical spine sprain and strain. In a progress report dated 07-20-2015, the injured worker reported constant neck pain, unchanged. The injured worker reported that she had been taking pain medicines with only mild relief. The injured worker reported that the neck pain did not improve after epidural injection. The pain was rated 8-9 out of 10 at worst, decreased to 6 out of 10. Objective findings (07-20-2015) revealed moderate tenderness of C5-6 with moderate spasms, left occipital trigger point, and decreased range of motion of cervical spine in all planes with pain. According to the progress note dated 08-12-2015, the injured worker reported constant neck pain with new numbness from left side of neck and down to her left arm. Pain level was 6 out of 10 on a visual analog scale (VAS) with pain medications and rest. The injured worker reported taking Tizanidine and Relafen for pain and spasm. The injured worker also takes Pantoprazole for mild symptoms of acid reflux. Objective findings (08-12-2015) revealed moderate tenderness C3-6 with moderate spasms, decreased sensation to entire left upper extremity, and decreased weakness of the left elbow flexion. Treatment has included diagnostic studies, prescribed medications, epidural steroid injection (ESI), physical therapy, and periodic follow up visits. The treatment plan consisted of medication management, diagnostic studies and follow up visit. The treating physician prescribed Flexeril 7.5 mg #60. The utilization review dated 09-29-2015, non-certified the request for Flexeril 7.5 mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg #60:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks. There is also a post-op use. The addition of cyclobenzaprine to other agents is not medically necessary.