

<b>Case Number:</b>	CM15-0194257		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/25/2006
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 67 year old female, who sustained an industrial injury on 5-25-2006. The injured worker was being treated for chronic pain not elsewhere classified, pain in joint forearm, and lateral epicondylitis. Medical records (8-11-2015 to 8-20-2015) indicate ongoing neck pain which has worsened since a functional restoration program. She reported swelling of the right elbow with increased pain and increased numbness and tingling radiating to her fourth and fifth digits with repetitive movements at the elbow. The physical exam (8-11-2015 to 8-20-2015) revealed tenderness over the cervical paraspinal and pain with extension and rotation of the cervical spine. There was guarding and tenderness over the right upper extremity. The injured worker continued to use a right hand sleeve. Per the treating physician (9-14-2015 report), the injured worker reported ongoing, significant neck pain, rated 8 out of 10. She reported that Flexeril helps to decrease her pain and allows her to perform activities of daily living with less pain. Per the treating physician (9-14-2015 report), the previous physical exam revealed tenderness over the cervical paraspinal and pain with extension and rotation of the cervical spine along with decreased range of motion and muscle tension in the upper trapezius muscles, right greater than left. On 9-2-15, x-rays of the right elbow revealed a large olecranon spur. Treatment has included acupuncture, physical therapy, steroid injections, and medications including topical pain, anti-epilepsy, muscle relaxant (Flexeril since at least 4-2015), and non-steroidal anti-inflammatory. Per the treating physician (8-20-2015 report), the injured worker is permanent and stationary. The requested treatments included Flexeril 7.5mg quantity 90. On 9-29-2015, the original utilization review modified a request for Flexeril 7.5mg quantity 45 (original request for #90).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg quantity 90:** 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): 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 and is typically used post-operatively. The addition of cyclobenzaprine to other agents is not recommended. In this case there is no muscle spasms noted in the provided medical records. There is no indication for the chronic use of this medication outside of 2-3 weeks post-operatively. The recommendation is for non-certification. The request is not medically necessary.