

<b>Case Number:</b>	CM15-0198783		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/17/2015
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 50 year old female [REDACTED] with a date of injury on 1-17-15. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Progress report dated 8-12-15 reports continued complaints of neck and back pain. Objective findings: cervical spine range of motion is decreased due to pain, there is spasm around the back of her neck and tender to palpation, lumbar spine range of motion has normal flexion and decrease with extension, lateral bend to the right and the left, there is spasm and tenderness to palpation and Lasegue's sign is positive on the right. MRI of lumbar spine 4-16-15 reveals 3 mm disc protrusion at L5-S1 and at C5-6. MRI of cervical spine 4-13-15 reveals 3 mm disc protrusion at C5-6 along with other abnormal findings. Treatments include: medications, physical therapy, massage and injections, Prescription written for Flexeril 7.5 mg quantity 60 on 7-10-15. Request for authorization dated 8-19-15 was made for Flexeril 7.5 mg quantity 60. Utilization review dated 9-9-15 modified the request to certify Flexeril 7.5 mg quantity 30.

### 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril 7.5 mg #60 is not medically necessary.