

<b>Case Number:</b>	CM15-0199813		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/11/2004
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Emergency 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 54 year old female sustained an industrial injury on 10-11-04. Documentation indicated that the injured worker was receiving treatment for status post cervical fusion, left shoulder osteoarthritis and lumbar spine spondylosis with disc degeneration. The injured worker underwent cervical discectomy and fusion on 2-23-15. The injured worker received postoperative physical therapy and medications. In an orthopedic evaluation dated 7-10-15, the injured worker complained of ongoing low back pain with lower extremity radicular pain and bilateral shoulder pain. The injured worker's left shoulder was markedly painful. The injured worker couldn't do heavy lifting, overhead activities or sleep on the left shoulder. Physical exam was remarkable for left shoulder with marked tenderness to palpation, positive Neer and Thumb down tests and decreased range of motion and lumbar spine with tenderness to palpation over the lumbar paraspinal musculature with spasms and guarding. The physician recommended left shoulder arthroscopy with rotator cuff repair to be done in August or September 2015. The physician stated that left shoulder surgery would be followed by lumbar spine surgery. In a follow-up neurosurgical consultation dated 8-6-15, the injured worker complained of progressively worsening lumbar spine pain with radiation and paresthesias down bilateral lower extremities. The injured worker reported feeling distinctive clicking in the low back associated with pain. Physical exam was remarkable for lumbar spine with "markedly" limited range of motion with pain, with forward flexion limited to 25% and range of motion limited to 50% in all other planes, positive bilateral straight leg raise and palpable spasm of the bilateral erector spine. The physician documented that magnetic resonance imaging lumbar spine (6-16-15) showed

grade 1 L4-5 spondylolisthesis, severe facet insufficiency, severe lateral canal stenosis, disc bulge and disc desiccation. The physician recommended L4-5 transforaminal discectomy and fusion. On 9-4-15, a prescription was written for Flexeril. On 9-18-15, Utilization Review noncertified a request for Flexeril 5mg #60, Rx date: 9-4-15.

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

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

**Flexeril 5mg #60 RX date 9/4/15:** 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).

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least 3months. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.