

<b>Case Number:</b>	CM15-0199844		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/15/2015
<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: 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:

This is a 45 year old female with a date of injury of January 8, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome status post bilateral releases, right cubital tunnel syndrome status post release, cervical spine strain with degenerative disc disease, and right shoulder rotator cuff tear. Medical records dated August 4, 2015 indicate that the injured worker complained of constant neck pain, burning right shoulder pain, constant pain at the elbows, and bilateral wrist and hand pain. Medical records (September 8, 2015) indicate that the injured worker complained of neck pain rated at a level of 8 out of 10 radiating down to the right elbow, and bilateral shoulder pain. Per the treating physician (September 8, 2015), the employee is temporarily totally disabled. The physical exam (September 8, 2015) reveals increasing cervical spine pain toward terminal range of motion, decreased range of motion of the right shoulder, Neer's and Hawkin's impingement tests positive on the right, tenderness along the medial aspect of the right elbow, positive Phalen's test bilaterally, and positive Durkan's median compression test bilaterally. Treatment has included medications (Flexeril prescribed on September 8, 2015), bilateral carpal tunnel release, and right cubital tunnel release. The urine drug screen dated March 13, 2015 showed results that were negative for all tested substances. The medical record indicates that the injured worker was not taking any prescribed medications at that time. The original utilization review (September 15, 2105) partially certified a request for Flexeril 5mg #30 (original request for #60).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #60:** 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), Muscle relaxants (for 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 requested number of Flexeril is in excess of guideline recommendations of 2-3 weeks. The previous reviewer modified the request to allow for 30 days. As such, the request for Flexeril 5mg #60 is not medically necessary.