

<b>Case Number:</b>	CM15-0200031		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/09/2004
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<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, 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 61 year old male, who sustained an industrial injury on August 09, 2004. The injured worker was diagnosed as having status post lumbar fusion, status post cervical spine fusion, and right carpal tunnel syndrome. Treatment and diagnostic studies to date has included medication regimen, use of a cane, and above noted procedures. In a progress note dated September 17, 2015 the treating physician reports complaints of pain to the neck that radiates to the bilateral upper extremities with numbness. The treating physician also noted complaints of pain to the low back that radiates to the bilateral lower extremities with numbness. Examination performed on September 17, 2015 was revealing for decreased range of motion to the lumbar spine with pain, tenderness, spasms, and myofascial trigger points to the bilateral lumbar paraspinal muscles; tenderness to the lumbosacral spine; tenderness, spasms, and myofascial trigger points to the bilateral cervical paraspinal muscles and the bilateral trapezius muscles; and decreased range of motion to the cervical spine with pain. The injured worker's medication regimen on September 17, 2015 included Norco (prescribed since at least December of 2014), Tramadol (since at least prior to April of 2014), and Gabapentin (prescribed in April of 2014). On September 17, 2015 the injured worker's pain level was rated a 6 to 7 on a scale of 1 to 10 to the neck and the bilateral upper extremities and the pain level to the low back and lower extremities was rated a 7 to an 8, but noted a decrease in the pain level to a 5 on a scale of 1 to 10 with the use of his medication regimen. The treating physician noted that the injured worker would not be able to perform activities of daily living such as meal preparation without assistance and would have difficulty getting out of bed without the use of the injured worker's

medication regimen. On September 17, 2015 the treating physician requested Flexeril 10mg with a quantity of 90, but the progress note did not indicate the specific reason for the requested medication. On September 28, 2015 the Utilization Review determined the request for Flexeril 10mg with a quantity of 90 to be non-certified.

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

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

**Flexeril 10mg #90:** 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 and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. In this case there is no evidence of muscle spasms on review of the medical records from 9/17/15. In addition there is no indication for the prolonged use of a muscle relaxant. Thus the recommendation is for non-certification, therefore is not medically necessary.