

<b>Case Number:</b>	CM15-0203387		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/19/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on 12-19-2014. The injured worker was diagnosed as having cervical spondylosis without myelopathy and cervical spinal stenosis. Treatment to date has included diagnostics, modified work, transcutaneous electrical nerve stimulation unit, and medications. Currently (9-14-2015), the injured worker complains of continued neck pain with radiation to his right arm, with numbness and tingling in the medial portion of his hand and forearm. He requested something for pain in the evening due to difficulty sleeping, despite using Ambien (started last month), and Trazadone was not effective. Current medications included Cyclobenzaprine 7.5mg twice daily (since at least 8-10-2015), Gabapentin, Nabumetone, Pantoprazole, Ambien, and Hydrocodone. A review of symptoms was positive for anxiety and depression. Objective findings for his musculoskeletal system noted "normal muscle tone without atrophy" in the upper and lower extremities. Muscle strength in the bilateral upper extremities was 5 of 5 and sensation was decreased in the right C8 distribution. He was working modified duty. The treatment plan included the addition of Ultracet and medication refills. On 10-01-2015, Utilization Review non-certified a request for Cyclobenzaprine-Flexeril 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine - Flexeril 7.5mg #60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Based on the 9/14/15 progress report provided by the treating physician, this patient presents with continuing neck pain radiating into the right arm with numbness/tingling in medial portion of right hand/forearm. The treater has asked for Cyclobenzaprine - Flexeril 7.5mg #60 on 9/14/15. The request for authorization was not included in provided reports. The patient is s/p several unspecified shoulder surgeries on the left following initial injury, and is s/p a second injury on 12/19/14 when he fell on the right shoulder, causing more symptoms per 9/14/15 report. The patient's most recent left shoulder surgery was on 9/5/14 per 7/24/15 report. The patient is having difficulty sleeping despite Ambien that was restarted last month as Trazodone was not effective per 9/14/15 report. The patient states that TENS, icing, and heat makes the pain better per 7/24/15 report. The patient is currently working on modified duty per 9/14/15 report. MTUS Guidelines, Muscle relaxants section pg 63-66 states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS Guidelines, Muscle Relaxants section, pg 63-66 states: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." The treater does not discuss this request in the reports provided. Cyclobenzaprine was first noted in progress report dated 7/24/15 and in subsequent reports dated 8/7/15 and 9/14/15. However, MTUS does not support long-term use of this medication beyond a 2 to 3 week period. Hence, the request IS NOT medically necessary.