

<b>Case Number:</b>	CM15-0209723		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 12-01-2004. The injured worker is being treated for low back pain, history of lumbar spine surgery on 2-09-2006, failed back syndrome, bilateral lumbar radiculitis, bilateral meralgia parasthetica, neck pain, cervical degenerative disc disease, cervical spondylosis, neck pain, cervical degenerative disc disease, chronic cervical radiculopathy, right shoulder pain, right shoulder labral tear, right rotator cuff syndrome, right lateral epicondylitis, and bilateral carpal tunnel syndrome status post carpal tunnel releases. Treatment to date has included surgical intervention, diagnostics, medications, injections, and psychotherapy. Per the Primary Treating Physician's Progress Report dated 9-02-2015, the injured worker presented for reevaluation. He reported neck, upper back, low back, bilateral arm, and bilateral knee pain left greater the right. He rated his pain as 5-6 out of 10 without medications and 4-5 out of 10 with medications. Objective findings included tenderness over the right lateral epicondyle and right common extensor tendon with limited range of motion in both shoulders. There was tenderness noted over the right lower lumbar paraspinal muscles and tenderness and tightness over the upper trapezius and cervical paraspinal muscles. He has limited range of motion of the cervical spine. The IW has been prescribed Flexeril since at least 4-03-2015. Per the medical records dated 4-03-2015 to 9-02-2015 there is no documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the use of Flexeril. Work-Disability status was documented as "unable to work." The plan of care included continuation of Flexeril for muscle spasms. Authorization was requested for Flexeril 10mg #60. On 10-15-2015, Utilization Review non-certified the request for Flexeril 10mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg Qty 60 with 2 refills:** 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).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with opioids. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.