MAXIMUS Federal Services

| Case Number: | CM15-0210100 | | |
|---|---|---|---|
| Date Assigned: | 10/29/2015 | Date of Injury: | 11/22/2010 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 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: 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 41 year old male, who sustained an industrial injury on 11-22-2010. The injured worker is being treated for lumbar radiculitis, numbness, muscle pain, low back pain, lumbar degenerative disc disease, chronic pain due to trauma and depression. Treatment to date has included diagnostics, medications, physical therapy and psychotherapy. Per the Primary Treating Physician's Progress Report dated 10-05-2015, the injured worker presented for reevaluation regarding his low back and bilateral foot pain. He reported unchanged pain sine the last visit. His medications remain helpful and well tolerated. He is currently prescribed Norco, Colace, and Cymbalta. Objective findings included tenderness over the thoracic and lumbar paraspinals. Range of motion in all planes causes pain. Strength was 5 out of 5 in the bilateral lower extremities and sensation was intact and equal. Per the medical records dated 4-16-2015 to 10-05-2015 there is no documentation of significant functional improvement including improvement in symptoms, increase in activities of daily living or subjective decrease in pain level with the current treatment. Between 4-16-2015 to 6-12-2015 the IW was prescribed Tizanidine for muscle spasms. Per the progress note dated 7-13-2015, the IW had been started on Flexeril for acute flare-ups of muscle spasm, which also provided pain relief. The IW has been prescribed Flexeril since at least 6-12-2015. Work status was permanent and stationary. Norco, Colace, Cymbalta and Flexeril were dispensed. Authorization was requested for Flexeril 7.5mg #60 (cyclobenzaprine). 10-12-2015, Utilization Review modified the request for Flexeril 7.5mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg Qty 60:** 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:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Flexeril (also known as cyclobenzaprine) as a treatment modality. Flexeril is recommended as an option, using a short course of therapy. 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. Treatment should be brief. In this case the records indicate that Flexeril is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above-cited guidelines, only short-term use is recommended. There is no documentation in the records to indicate that long-term use of this medication has been associated with improved functional outcomes or any other objective measure. For this reason, Flexeril is not medically necessary.