

<b>Case Number:</b>	CM15-0215020		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	07/29/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Emergency 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:

The injured worker is a 22 year old male, who sustained an industrial injury on 7-29-15. The injured worker was being treated for blunt head trauma, cervicalgia, cervical contusion, thoracic sprain-strain, thoracic pain, lumbosacral sprain-strain, sacroiliac pain and myalgia. On 9-14-15, the injured worker complains of pain in neck rated 8 out of 10 with radiation to shoulders and associated with numbness tingling, burning, throbbing and aching with limited range of motion; thoracic spine rated 8 out of 10 with radiation to lumbar spine associated with numbness, tingling, burning, throbbing and aching sensations in thoracic spine and limited range of motion; lumbar spine rated 8 out of 10 with radiation to legs, associated with numbness, tingling, burning, stabbing and restricted range of motion and aching and headaches secondary to injuries. Work status is modified duties. Physical exam performed on 9-14-15 revealed diffuse tenderness over the top part of head, tenderness to palpation of cervical spine and paracervical areas, tenderness to palpation at C6-7 and paracervical areas; pain around T5 to lumbosacral area with tenderness to palpation of parathoracic and paralumbar musculature and mild tenderness to palpation of the lumbosacral spine and tenderness to palpation in sacroiliac areas. Cervical spine x-ray performed on 9-11-15 revealed straightening of normal cervical lordosis. Treatment to date has included physical therapy, oral medications including Flexeril 5mg (since at least 8-7-15), Acetaminophen and Ibuprofen; back brace and activity modifications. On 9-14-15 request for authorization was submitted for Flexeril 5mg #30 and 12 acupuncture sessions. There is no documentation of spasms on exam or improvement in symptoms with use of medication. On 10- 2-15 request for Flexeril 5mg #30 was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #30 x 1 refill:** 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): Muscle relaxants (for pain).

**Decision rationale:** The request is for flexeril, or cyclobenzaprine, which is an antispasmodic used to decrease muscle spasm in conditions 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. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. In regards to the injured worker, records suggest treatment with cyclobenzaprine for far longer than the recommended 2-3 weeks. Without clearly documented benefit, such as a return to work and a resolution of pain, there is no justification to deviate from the guidelines. There is unclear medical benefit of the request, and it is therefore not medically necessary.