

<b>Case Number:</b>	CM15-0220470		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 63 year old male, who sustained an industrial-work injury on 8-14-14. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, left shoulder type V chronic acromioclavicular joint (AC) separation and neck pain. Medical records dated 10-12-15 indicate that the injured worker complains of constant aching pain in the left shoulder with stiffness, difficulty reaching, carrying more than 5 pounds or getting dressed. The pain frequently wakes him at night and reports not sleeping more than one to one and a half hours. Per the treating physician report dated 10-12-15 the work status is modified with restrictions. The physical exam dated 8-31-15 and 10-12-15 reveals cervical tightness, spasm and guarding. The left shoulder has moderate tenderness to palpation with crepitus on range of motion. There is positive impingement sign noted. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The physician does not indicate concerns of abuse of the medications, intolerance or tolerance to the medications or inconsistent urine drug testing. The documentation does not indicate trial or failure of other first line analgesia for pain. Treatment to date has included pain medication, Advil with decreased pain, Naproxen, transdermal analgesics, Prilosec, Flexeril since at least 2-16-15, physical therapy at least 36 sessions, chiropractic, acupuncture, diagnostics, and other modalities. The request for authorization date was 10-20-15 and requested service included Flexeril 10mg, 1 tablet (tab) three times daily as needed, (prn) spasm #60. The original Utilization review dated 10-27-15 non-certified the request for Flexeril 10mg, 1 tablet (tab) three times daily as needed, (prn) spasm #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, 1 tablet (tab) three times daily as needed, (prn) spasm: #60: 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 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. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. 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 10/12/15. There is no evidence of functional improvement, a quantitative assessment on how this medication helps percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. Per CA MTUS guidelines, there is no indication for the prolonged use of a muscle relaxant. Thus, the prescription is not medically necessary and the recommendation is for non-certification.