

<b>Case Number:</b>	CM15-0224772		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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 was a 65 year old female, who sustained an industrial injury on February 5, 2004. The injured worker was undergoing treatment for lumbar post laminectomy syndrome and Opioid dependence. According to a progress note of October 16, 2015, the injured worker's chief complaint was mid back and lower back pain with radiation into the lower extremities. There was associated tingling and weakness in the legs and feet, as well as, numbness in the feet. The pain was rated at 2-3 out of 10, 6 out of 10 on average. The pain was described as sharp, dull, aching, and shooting with pins and needles sensation and sweating. The pain was aggravated by bending forwards, prolonged standing, prolonged sitting, prolonged walking, reaching, kneeling, stooping, crawling, exercising, lying down, pushing a shopping cart, and leaning forward. The physical exam was positive for mid-back and lower back pain with radiation to the bilateral lower legs. The neurological exam was positive for tingle and weakness in the legs and feet, as well as, numbness in the feet. There was tenderness with palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There was positive lumbar facet loading maneuver bilaterally. There was straight leg raises positive on the right. The injured worker previously received the following treatments of Hydrocodone, Oxycontin, Flexeril 10mg 2 times daily since October 24, 2012, Trazodone, Gabapentin and urine drug screening which was negative for any unexpected findings. The RFA (request for authorization) dated November 5, 2015; the following treatments were requested: a prescription for Flexeril 10mg 1 tablet 2 times daily #80. The UR (utilization review board) denied certification on November 12, 2015 for a prescription for Flexeril 10mg #80.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**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 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. 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. On review of the medical records from 10/16/15, 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 request is not medically necessary.