

<b>Case Number:</b>	CM15-0225690		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	04/01/1993
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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 54 year old female, who sustained an industrial injury on 4-1-1993. Diagnoses include cervical radiculopathy, numbness of skin, neck pain, status post multiple cervical surgeries, two right shoulder surgeries, two right elbow surgeries, and two right carpal tunnel surgeries, and status post left carpal tunnel surgery. Treatments to date include activity modification, medication therapy, and physical therapy. On 7-8-15, she complained of ongoing neck pain, however, some improvement status post revision of cervical fusion on 3-24-15. There was ongoing radiation to right greater than left radiation of pain associated with numbness, tingling, as well as ongoing hand pain, swelling, spasms, and tightness. The record documented she was down-graded to a Miami J Collar on this date and instructed to use no NSAIDs for one year post-operatively. Current medications included Cyclobenzaprine 10mg, Norco 10-325mg, Diazepam 2mg, and Nortriptyline 25mg, prescribed since at least January 2015. The physical examination documented she ambulated with a mild limp, displayed decreased muscle strength in bilateral upper extremities, and the wrists demonstrated limited range of motion. The plan of care included a prescription for Flexeril 10mg #60 with two refills. The appeal requested authorization for Flexeril 10mg #60 with two refills. The Utilization Review dated 11-5-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60 refills: 02:** 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 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 7/8/15. 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.