

<b>Case Number:</b>	CM15-0080549		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	11/27/1998
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Colorado

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 50-year-old female, who sustained an industrial injury on 11/27/1998. Diagnoses have included recurrent bilateral L3-L4, L4-L5 and L5-S1 lumbar facet pain, bilateral lumbosacral radicular pain, status post anterior fusion L4-L5 and myofascial trigger point of left paravertebral muscle L4 and L5. Patient has failed back syndrome. Treatment to date has included physical therapy, radiofrequency, trigger point injections and medication. According to the progress report dated 3/2/2015, the injured worker complained of axial low back pain. Current medications included Prilosec, Flexeril, Relafen, Duragesic patches, Neurontin, Glucosamine and topical creams. Exam of the lumbar spine revealed tenderness; facet loading was positive. Mild bilateral sacroiliac joint tenderness was noted. Authorization was requested for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42, and 64.

**Decision rationale:** Cyclobenzaprine (Flexeril) and other antispasmodics are recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help more than placebo with back pain and fibromyalgia, but has several side effects that limit its use. Furthermore, Cyclobenzaprine works best in the first 4 days of use, so short courses recommended, no more than 2-3 weeks. No quality consistent evidence exists to support chronic use of Cyclobenzaprine. The records supplied indicate patient has been taking Cyclobenzaprine greater than 3 months. Per the records, patient needs the Flexeril on a regular basis, not just during flare-ups, for ongoing low back pain / spasm. Even if patient is only taking the Cyclobenzaprine intermittently, its effectiveness diminishes so quickly, that its use after more than 3 months would yield little benefit relative to the risks of side effects, based on the evidence. As there is no support, per the guidelines, for long-term use, the request for Cyclobenzaprine is not medically indicated.