

<b>Case Number:</b>	CM15-0083220		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45 year old male, who sustained an industrial injury on 10/5/11. He has reported initial complaints of low back pain after lifting heavy equipment. The diagnoses have included post laminectomy syndrome, chronic low back pain, status post lumbar fusion in 2012, and hardware removal in 2013. Treatment to date has included medications, diagnostics, physical therapy, epidural steroid injection (ESI), without benefit and transcutaneous electrical nerve stimulation (TENS) with benefit and lumbar surgery with benefit. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine which revealed facet arthrosis and lumbar status post discectomy with disc spacer anterior instrumentation. The computerized axial tomography (CT scan) scan of the lumbar spine revealed complete fusion. The current medications included Tramadol, Flexeril, Tylenol and Lunesta. Currently, as per the physician progress note dated 4/10/15, the injured worker has returned to work. He reports that the Tramadol and Flexeril are not providing good pain relief. The low back pain is constant and achy and it radiates to the knees with weakness, numbness and tingling. The pain is rated 9-10/10 on pain scale without medication and 7-8/10 with medications. The pain has increased since the last visit which was rated 6-7/10. He reports that the pain is minimally relieved with the present medications. The physical exam of the lumbar spine revealed tenderness in the mid and lower lumbar spine, decreased range of motion and palpable spasms. The sensation is decreased in the left leg, there is decreased strength in the left lower extremity, straight leg raise elicits left -sided low back pain and the gait is antalgic with

inability to walk on the heels and toes. The urine drug screen dated 4/10 15 was consistent with medications prescribed. There was no previous therapy sessions noted in the records. Work status is that he may continue to work. The physician requested treatment included Retrospective Flexeril 10mg #90 for DOS 4/10/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Flexeril 10mg #90 for DOS 4/10/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guidelines UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." As such, the request for Retrospective Flexeril 10mg #90 for DOS 4/10/2015 is not medically necessary.