

<b>Case Number:</b>	CM14-0118277		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/14/1997
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old male with a date of injury of 1/14/97. On 8/18/14, he complained of ongoing back pain, neck pain and bilateral headaches. He reported left neck, lower lumbar bilateral thoracic spine pain rated at 8/10. It was described as burning, aching, tight, shooting, and stabbing with stiffness, muscle spasms, increased sweating, weakness in lower back and cold sensation that was worse with sitting, standing, walking, sneezing, coughing, lumbar flexion and extension. Medications, ice and heat provided partial relief. He stated that the pain interferes with sleep, work, driving, relationships, and ADLs. His objective findings included morbid obesity; pain behavior; scar from previous lumbar surgery; positive bilateral straight leg raise; facet tenderness above fusion level; positive bilateral facet loading and extension restricted and painful. He was reportedly noted to have significant insomnia since tapering Morphine with less than 4 hours of sleep despite use of CPAP. Recent care has consisted primarily of medications. He has been accepted for bilateral radiofrequency ablation at L3. His current medications include Norco, Cymbalta, Flexeril, Lyrica, and Promethazine but as per 8/18/14 report he has tapered down Flexeril and stopped Lyrica and paid for Norco from his pocket. He was advised to discontinue Norco, Flexeril and Lyrica and to continue Cymbalta and start MS Contin. Diagnoses: Post-laminectomy syndrome, lumbar; persistent disorder of initiating or maintaining sleep; lumbosacral spondylosis without myelopathy; and cervical spondylosis without myelopathy, obesity and dietary surveillance and counseling. The request for Flexeril 10mg #60 was denied on 07/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Page(s): 41.

**Decision rationale:** Per guidelines, Flexeril is 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. There is also a post-op use. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., Amitriptyline. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the medical necessity of the request is not established per guidelines.