

<b>Case Number:</b>	CM14-0126953		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	08/22/2006
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Internal 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:

Mechanism of injury was not described. Clinical note dated 07/20/14 was the only clinical documentation submitted for review. The injured worker went to the emergency room on 07/13/14 because he had not been sleeping well at night, because of his pain. He was barely sleeping at all because his pain coverage in the evening was not adequate for him to sleep. He was prescribed MS Contin 30mg QHS two weeks ago, which he stated had been benefitting him. Stated he was now averaging five hours of sleep at night whereas he was only averaging about three hours without MS Contin. His chronic sleep deprivation made his pain worse and he experienced more pain and spasm. Recently attempted reduction of Flexeril 10mg TID, however he stated his spasm had been worse since. Flexeril seemed to benefit him for four to five hours at a time. X-rays of lumbar spine on 04/29/14 compared to previous study 10/03/12 noted stable appearance of post-operative findings since prior study. Normal stable vertebral elements in neutral flexion/extension positions. He underwent radiofrequency ablation at C3-4 and C7-T1 on 12/31/13. He noted 70% reduction in neck pain following procedure. He stated the effect wore off a bit and he estimated improvement about 50%. He underwent lumbar spine surgery on 10/03/11 involving anterior posterior fusion and decompression of L4-5. He had right sided L4-5 discectomy on 10/15/10. On physical examination weight 270.3 pounds. He was 265 pounds at last follow up. Blood pressure was 164/100. Positive impingement signs bilaterally. Forward flexion and abduction in left shoulder limited at 140 degrees. Forward flexion abduction right shoulder limited at 90 degrees. He had some tenderness at the palmar aspect of the right wrist and surgical incision was well healed. There was crepitus and popping upon ranging in the right wrist as well. The patient had slight bulge at the dorsal aspect of the right digital forearm just proximal to the wrist. Tinel and Phalen tests were positive at the right wrist. Exam of left wrist was benign. Cervical spine examination revealed well healed vertical posterior incisional scar

along cervical spine measuring approximately 15cm in length. Tenderness and spasm in bilateral cervical paraspinals. Range of motion of cervical spine was moderately reduced in all planes except for extension, which was severely reduced. Lumbar spine tenderness to palpation throughout and bilateral lumbar paraspinals. Finger to floor distance 14 inches. Seated straight leg raise positive on right and negative on left. Deep tendon reflexes in right lower extremity 3+/-4 and 2+/-4 in left. Motor testing in left lower extremity noted 4/5 left long toe extension and right lower extremity was 5/5 in all major muscle groups except for right long toe extension which was reduced at 3+/-5. Sensation to light touch was diffusely reduced through upper and right lower extremity. Prior utilization review denied request for Flexeril 10mg #120 on 07/24/14.

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

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

**Flexeril 10mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.