

<b>Case Number:</b>	CM14-0180968		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	11/20/1994
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 56 year old patient with date of injury of 11/20/1994. Medical records indicate the patient is undergoing treatment for fibromyalgia, cervical strain and chronic pain syndrome. Subjective complaints include left sided cervical pain rated 3/10 described as aching, burning, pressure like, sharp, sore and tender. Objective findings include tenderness to palpation of the midline cervical spine, paraspinal neck musculature, splenius capitis, splenius cervicis, cervical range of motion is noted to be decreased; sensation and strength are normal; Spurling's test negative; Axial loading is positive. Treatment has consisted of physical therapy, medications: Premarin, Dilaudid, and Duragesic patches, Flexeril, Lyrica and Remeron. The utilization review determination was rendered on 10/4/2014 recommending non-certification of Flexeril 5mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg, #90:** Upheld

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

**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), Other Medical Treatment Guideline or Medical Evidence: Up-to-date, 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. 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. Up-to-date "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." Several other pain medications are being utilized, along with Cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 5mg, #90 is not medically necessary.