

<b>Case Number:</b>	CM14-0185110		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/05/1996
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family 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:

This is a 54 year old female patient who sustained a work related injury on 02/05/1996. She sustained the injury due to slipped and fell on a wet floor. The current diagnosis includes Cervical strain with right cervical radiculitis, Lumbar strain with right lumbar radiculitis, thoracic strain, right shoulder impingement, right hand and wrist tendonitis, left knee sprain, depression and anxiety and probable gastro esophageal reflux disease. Per the doctor's note dated 9/26/14, patient had complaints of neck pain with radiation to the right upper extremity, thoracolumbar pain radiating to the right lower extremity, right shoulder pain, right wrist and hand pain, depression and anxiety, left knee pain, difficulty sleeping and occasional stomach achiness with medications use. Physical examination revealed lumbar spine- spasm, decreased range of motion and positive straight leg raising on the right side; thoracic spine- tenderness and mild spasm, cervical spine- moderate tenderness and spasm, decreased range of motion and positive Spurling's sign on the right side with right scapular pain; right wrist/hand- tenderness and positive Phalen's sign; right shoulder- tenderness, positive impingement sign and range of motion- flexion 120 and abduction 110 degrees; left knee- tenderness and full range of motion and right ankle reflex. The medications list includes Norco, Lexapro, ibuprofen, flexeril and omeprazole. She has had lumbar spine MRI dated 4/11/12 which revealed mild degenerative changes, appears similar to 10/28/10 MRI and at L5-S1 mild bulge/protrusion no central spinal stenosis; right shoulder MRI dated 4/12/13 which revealed mild supraspinatus tendinopathy no full thickness rotator cuff tear, degenerative change of AC (acromioclavicular) joint, non-specific small amount of fluid in the subacromial bursa and trace amount of fluid in the subacromial subdeltoid bursa and mild degenerative fraying of bicep labral complex. She has had chiropractic therapy sessions for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, Qty: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. ... Cyclobenzaprine is more effective than placebo in the management of back pain... It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease."According to the records provided patient had complaints of neck and back pain with tenderness and spasm. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks.Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary.The request for Flexeril 7.5mg, Qty: 60.00 are medically necessary and appropriate to use as prn during acute exacerbations.