

<b>Case Number:</b>	CM14-0049761		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Preventative 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 patient is a 64 year old employee with date of injury of 11/17/2008. Medical records indicate the patient is undergoing treatment for Cervical disk displacement without myelopathy; degeneration cervical disk; syndrome postlaminectomy cervical; neck pain. Subjective complaints include ongoing low back and severe neck pain. Low back pain is radiating down to lower extremities with occasional numbness and tingling. The patient is permanent and stationary. Pain with medication is at 6/10. Patient says pain is aggravated with periods of activity without medication. Objective findings include lumbar spine: sensation is intact to light touch and pinprick bilaterally to lower extremities. Straight leg positive on right; spasm and guarding noted in lumbar spine. Extensor hallucis longus motor strength is 4/5 on the right. Treatment has consisted of Exalgo, Ducosate Sodium; Viagra; Prilosec; Flexeril; Ambien; Gabapentin; Gilpizide; Hydrochlorothiazide; Lisinopril and Metformin. He has also tried massage, a chiropractor and acupuncture with no relief. The utilization review determination was rendered on 4/3/2014 recommending non-certification of CYCLOBENZAPRINE 10MG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pa. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), "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." Additionally, MTUS outlines, "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" and is for "Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions." The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which MTUS guidelines advise against. As such, the request for Flexeril 10mg is not medically necessary.