

<b>Case Number:</b>	CM14-0217049		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a forty-seven year old male who sustained a work-related injury on December 30, 2011. A request for Flexeril 7.5 mg #60 was modified by Utilization Review (UR) on December 29, 2014 to Flexeril 7.5 mg #30 for the purpose of weaning. The UR physician utilized the California (CA) MTUS guidelines in the determination. The CA MTUS recommends using Flexeril for duration not to exceed three (3) weeks as it is recommended for acute treatment of pain exacerbations only. The UR physician found that the documentation clearly reflected that the injured worker's use of Flexeril was ongoing and long-term for an unspecified duration. The records revealed that Flexeril was prescribed as 7.5 mg three times per day. The determination was that the medication was recommended for weaning and the request for Flexeril 7.5 mg #60 was modified to Flexeril 7.5 mg #30. A request for Independent Medical Review (IMR) was initiated on December 29, 2014. A review of the medical record included physician's reports from May 2, 2014 through December 1, 2014. During this evaluation period the injured worker reported ongoing low back pain. An MRI of the lumbosacral spine on March 5, 2012 indicated that the injured worker had minor bulging at the L4-L5 level and right paracentral disc protrusion at L5-S1 with generalized desiccation and mild narrowing of the intervertebral disc. Documentation revealed that during an August 15, 2014 physician's evaluation, the injured worker was continued on Flexeril 7.5 mg three times per day and this medication was also continued on December 1, 2014. The injured worker's work status was defined as full duty work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. It is noted that there is a utilization review modification in the submitted records which indicate that Flexeril was requested and modified on August 19, 2014. There is continuation of a request for Flexeril in a progress note on December 1, 2014. This time period exceeds that recommended by guidelines. The currently requested cyclobenzaprine (Flexeril) is not medically necessary.