

<b>Case Number:</b>	CM14-0088018		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/25/2001
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on 11/25/01. She reported neck pain, back pain, and left hand numbness. The injured worker was diagnosed as having chronic neck pain and myofascial pain. Treatment to date has included physical therapy, trigger point injections, and medications. A physician's report dated 11/22/13 noted Flexeril 10mg helped with pain. Currently, the injured worker complains of neck pain, upper pack pain, headaches, and left hand numbness. A physician's report dated 5/6/14 noted trigger points were palpable in the bilateral upper trapezius muscles and the bilateral cervical paraspinal muscles. The treating physician requested authorization for Flexeril 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril  
Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril in combination with NSAIDS, opioids and Tricyclics. Prolonged use is not recommended. The claimant still required trigger point injections despite use of Flexeril. Continued use of Flexeril is not medically necessary.