

<b>Case Number:</b>	CM15-0015822		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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

### 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 58-year-old male who sustained a work related injury on June 27, 2013. His injury included a severe open tibia fracture while driving a forklift. An Open Reduction and Internal Fixation (ORIF) of the left tibia and fibula fracture were performed. He also complained of upper extremity and bilateral shoulder pain from the injury. Treatments included pain medications, muscle relaxants, and physical therapy. Diagnostic imaging revealed calcific tendonitis of the rotator cuff and degenerative changes of the acromioclavicular joint. Currently, in December 2014, the injured worker complains of foot and ankle pain, cramps, contractures and weakness in the left foot with reduced range of motion. On February 3, 2015, a request for one trial of Flexeril 7.5mg #30 was non-certified by Utilization Review, noting, the California Medical Treatment Utilization Schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Flexeril 7.5mg # 30:** Upheld

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

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

**Decision rationale:** Based on the 12/23/14 progress report provided by treating physician, the patient is status post compound open fracture left tibial status post IM rodding and presents with left leg and ankle pain. The request is for TRIAL OF FLEXERIL 7.5MG #30. Patient's diagnosis per Request for Authorization form dated 12/23/14 include compound open fracture surgery and sleep disturbance. Patient's medications include Flexeril and Ultram. Per treater report dated 12/23/14, patient last worked on 06/27/14. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Patient has been recommended Flexeril for muscle spasm and cramping, per treater report dated 12/23/14. Flexeril is included again in treatment recommendations, per treater report dated 01/08/14. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for Trial of Flexeril #30 would be the third prescription of this muscle relaxant, and not a trial. Furthermore, the request exceeds MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.