

<b>Case Number:</b>	CM15-0016184		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 63-year-old female who sustained an industrial injury reported on 5/3/2013. She has reported neck pain, with frequent headaches, and radiating low backache and pain. The diagnoses have included cervicobrachial syndrome; post-concussion syndrome; cervical spondylosis with myelopathy; cervicobrachial syndrome; thoracic/lumbosacral neuritis/radiculitis; and spasm of muscle. Treatments to date have included consultations; diagnostic imaging studies; electromyogram to the bilateral upper extremities (1/14); procedure MBB right (7/11/14); physical therapy; exercise; injection therapy to the right shoulder; and medication management. The work status classification for this injured worker (IW) was noted to be unable to return to work because her medically necessary treatments to forward her progress and return to work, are being denied. On 1/15/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/2/2015, for Flexeril 5mg, 1-2 tabs at bedtime, as needed for muscle spasm, #30 - to #20 to initiate downward titration and complete discontinuation. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, muscle relaxants; and the Official Disability Guidelines, muscle relaxants, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient was injured on 05/03/2013 and presents with neck pain and back pain radiating from the lower back down to the posterolateral thigh and calf, wrapping around, and including dorsum of foot and middle toes. The request is for FLEXERIL 5 mg #30. There is no RFA provided, and the patient is not currently working. The patient has been taking Flexeril as early as 11/12/2014. The report with the request is not provided. MTUS, pages 63-66, states: Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the 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. The patient has an antalgic gait. The cervical spine range of motion is restricted. On examination of the paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band, and trigger point are noted on the right side. Tenderness is noted at the paracervical muscles and trapezius. Cervical facet loading is positive on the right side. For the lumbar spine, there is a restricted range of motion. On palpation of paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band are noted on both sides. The patient cannot walk on heel and cannot walk on toes. Lumbar facet loading is positive on both sides, and straight leg raise is positive on the left side in supine position. FABER test is positive. On sensory examination, sensation to pinprick is decreased over the L5 lower extremity dermatomes on the left side. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Flexeril as early as 11/12/2014, which exceeds the 2-3 weeks recommended by MTUS Guidelines. Therefore, the requested Flexeril IS NOT medically necessary.