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| <b>Case Number:</b>   | CM15-0111688 |                              |            |
| <b>Date Assigned:</b> | 06/18/2015   | <b>Date of Injury:</b>       | 07/05/2010 |
| <b>Decision Date:</b> | 07/17/2015   | <b>UR Denial Date:</b>       | 05/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2015 |

### 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: Preventive Medicine, Occupational Medicine

### 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 43 year old female, who sustained an industrial injury on 7/05/2010. Diagnoses include cervical disc disease with radicular symptoms, lumbar discogenic syndrome, dis median/peripheral nerves, sprain/strain neck and synovitis shoulder. Treatment to date has included cervical epidural steroid injections, therapy and modified work. Per the Primary Treating Physician's Progress Report dated 1/09/2015, the injured worker reported pain in the neck and low back with decreased range of motion. Physical examination revealed muscle spasm and decreased range of motion of the neck. The plan of care included medications and authorization was requested for Flexeril 10mg, Ultram 50mg and Duexis 800mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. This medication is indicated for short term use, but this request is for 270 pills. This is not consistent with short term use, therefore, the request is denied. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg #270 is not medically necessary.