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| <b>Case Number:</b>   | CM15-0113639 |                              |            |
| <b>Date Assigned:</b> | 06/19/2015   | <b>Date of Injury:</b>       | 04/01/2013 |
| <b>Decision Date:</b> | 07/21/2015   | <b>UR Denial Date:</b>       | 05/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/11/2015 |

### 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: Montana

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 38 year old female who sustained an industrial injury on 04/01/2013. Mechanism of injury was cumulative. Diagnoses include myofascial pain syndrome, cervical radiculopathy, and cervical sprain. Treatment to date has included diagnostic studies, medications including topical analgesics, medical marijuana, acupuncture, and trigger point injections. A physician progress note dated 05/05/2015 documents the injured worker has constant pain of the cervical spine and right shoulder with some numbness of the right hand. She is taking medications with benefit. The injured worker is working modified duty. Spurling's is positive on the right. Right shoulder has limited range of motion in all planes. There is positive spinal tenderness. Several documents within the submitted medical records are difficult to decipher. The treatment plan includes a urine screen, refills on Omeprazole, Neurontin, Voltaren and Lidopro times 2, and medical Marijuana. Treatment requested is for Flexeril 7.5 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxers.

**Decision rationale:** The MTUS notes that cyclobenzaprine (Flexeril) is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Flexeril is not recommended to be used for longer than 2-3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used for longer than 2-3 weeks. In this case the medical records show that Flexeril was refilled on 5/5/15. Muscle spasm is not documented during that evaluation. The treatment note indicates that medications are providing benefit but no specific functional improvement is documented. The MTUS recommends Flexeril only for short courses of therapy. The continued use of Flexeril is not consistent with the MTUS guidelines. The request for Flexeril 7.5 mg #90 is not medically necessary.