

<b>Case Number:</b>	CM15-0123736		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male, who sustained an industrial injury on 8/5/11. The diagnoses have included low back pain, lumbar radiculopathy, neck pain and left foot and ankle pain. Treatment to date has included medications, activity modifications, other modalities, diagnostics, psychiatric, and home exercise program (HEP). Currently, as per the physician progress note dated 5/19/15, the injured worker complains of back pain. He notes that previously he has had difficulty with claustrophobia with the Magnetic Resonance Imaging (MRI) and has asked for something to take prior to it. He reports that when he takes the medications the pain stays at a manageable level which is 4-5/10 on pain scale. The objective findings reveal that he is slowly ambulating into and out of the exam room. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and Magnetic Resonance Imaging (MRI) of the left ankle. The current medications included Norco, Flexeril, and Prilosec, Colace, Latuda, Flector patches and Valium prior to Magnetic Resonance Imaging (MRI). There is no previous urine drug screen noted. The physician requested treatment included Flexeril 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustains a work injury in August 2011 and continues to be treated for low back pain. When seen, he had been unable to tolerate an MRI scan due to claustrophobia. Pain was rated at 4-5/10 with medications. Physical examination findings included ambulating slowly. Medications were refilled including Flexeril which was being prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.