

<b>Case Number:</b>	CM15-0126262		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/15/1998
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York

Certification(s)/Specialty: Internal 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 61 year old male, who sustained an industrial injury on 10/15/1998. According to a progress report dated 05/04/2015, the injured worker continued to complain of paresthesias as well as pain in his left hand and neck. Current medications included Flexeril, Ambien and Norco. Physical examination demonstrated normal speech and normal gait. There was no erythema, swelling or warmth of the bilateral wrist joints. Passive range of motion of the bilateral wrist was about 50 to 60 percent. Gross sensation was intact. Neck flexion/extension was about 50 to 60 percent. Extension was painful. Impression included left wrist and hand pain with paresthesias, neck pain and shoulder pain. The provider noted that the injured worker continued to have chronic pain. The treatment plan included acupuncture, continuation of home exercises and a follow up in four weeks. The provider noted that the injured worker was going to take medications the way he was doing. According to a progress report dated 06/01/2015, the provider noted that the intensity of pain was the same as before. Medications included Norco, Flexeril and Ambien. Speech and gait was normal. No further physical examination was done. Impression included chronic neck pain with paresthesias. The provider noted that he was going to give him a prescription for his medications. An authorization request dated 06/01/2015 was submitted for review. The requested services included Norco 10/325 mg 1 every 8 hours for pain #90, Flexeril 5 mg 1 every night #30 and Ambien 10 mg 1 every night #30. Currently under review is the request for Flexeril 5 mg 1 tablet every night #30. Progress notes dating back to 01/21/2015 shows that the injured worker continued to complain of chronic pain.

Paraspinal muscle spasms were noted at that time. Cyclobenzaprine (Flexeril) was refilled. On 03/05/2015, the paraspinal muscle spasms were noted with continued use of Flexeril.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 5mg #30 1 tablet every night:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management/Muscle Relaxants Page(s): 9, 63-64.

**Decision rationale:** Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS does not recommend the use of Flexeril for longer than 2-3 weeks. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. This medication has its greatest effect in the first four days of treatment. Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. In this case, the injured worker has used Flexeril longer than recommended guidelines. Documentation fails to indicate acute exacerbation or significant improvement in pain or functional status to justify continued use of Flexeril. The request for Flexeril 5mg #30 1 tablet every night is not medically necessary per MTUS guidelines.