

<b>Case Number:</b>	CM15-0128908		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/08/2009
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 59-year-old male, who sustained an industrial injury on 02/08/2009. He has reported injury to the low back. The diagnoses have included chronic low back pain; lumbar discogenic pain; right L5 radiculopathy, and chronic pain syndrome. Treatment to date has included medications, diagnostics, epidural steroid injection, and activity modification. Medications have included Tramadol, Naprosyn, Zanaflex, and Flexeril. A progress note from the treating physician, dated 03/26/2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain which radiates to his legs; constant numbness in the left leg and slight numbness in the right leg; his pain is rated as 10/10 without the pain medication; the pain is rated at 5/10 with the pain medication; the pain is aggravated by walking, standing, bending, lifting, and lying down; the pain is alleviated by the medication; the epidural steroid injection, on 11/25/2014, significantly reduced his pain; Tramadol ER has been helping; and Flexeril helps with the muscle spasms, and also helps with his sleep. Objective findings included 5/5 strength for both lower extremities; he ambulates independently without an assistive device with a normal gait; and he underwent the epidural injection on 11/25/2014, which helped significantly, and then started having right leg pain again about two weeks after the injection. The treatment plan has included the request for Flexeril 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid) Page(s): 64.

**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 sustained a work injury in February 2009 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 10/10 to 5/10. When seen, there was negative straight leg raising. He had normal gait without an assistive device. Flexural was being prescribed and referenced as helping with spasms and sleep. Tizanidine had been prescribed previously. 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, there were no acute exacerbation or physical examination findings of muscle spasms. Muscle relaxants had been prescribed on a long-term basis. The quantity of Flexeril being prescribed was consistent with ongoing long-term use and was not medically necessary.