

<b>Case Number:</b>	CM15-0162279		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 33 year old male who sustained an industrial injury on 01-23-2013. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar spondylolisthesis, and L5 pars fracture, lumbar facet joint arthropathy, left shoulder internal derangement, left labral tear, left biceps tendon tear and tendonitis. The injured worker is status post posterior L5-S1 fusion in 04-2015. According to the treating physician's progress report on 07-21-2015, the injured worker continues to experience neck and left shoulder pain and low back pain with left lower extremity pain. The injured worker also reported decreased libido and fatigue for the past 6-12 months. Examination demonstrated tenderness to palpation of the lumbar paraspinal muscles overlying the left L4-S1 facet joints. Range of motion was decreased due to pain in all planes. Lumbar extension was worse than lumbar flexion. Lumbar discogenic provocative maneuvers, including Gaenslen's and Yeoman's signs were positive on the left. Pelvic rock and sustained hip flexion were positive bilaterally. Bilateral lower extremity range of motion was restricted by pain in all planes. Motor strength was 5 out of 5 in all limbs except for the left extensor hallucis longus muscle and left gastrosoleus which were 4+ out of 5. The cervical spine noted decreased range of motion in all directions, extension worse than flexion. There was tenderness to palpation of the left deltoid with decreased lumbar spine range of motion due to pain. Waddell's sign was negative bilaterally. Prior treatments have included diagnostic testing, surgery, physical therapy and medications. Current medications were listed as OxyContin 30mg, Morphine Sulfate IR 30mg, Flexeril and Ambien. A urine drug screening was collected on 07-21-2015 at the office visit.

Treatment plan consists of laboratory blood work for testosterone levels, continuing medication regimen, activity modification and the current request for Flexeril 10mg #30 with 0 refills for spasms. On 08-13-2015 the Utilization Review determined the request for Flexeril 10mg #30 with 0 refills was not medically necessary.

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

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

**Flexeril 10mg #30 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Regarding Cyclobenzaprine: "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." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed. The request is not medically necessary.