

<b>Case Number:</b>	CM15-0171607		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/18/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 6-18-2015. Medical records indicate the worker is undergoing treatment for cervical spine contusion and concussion. A recent progress report dated 7-13-2015, reported the injured worker complained of dizziness and sleepiness during the day, feeling "drunk" and having a difficult time with memory and sleeping at night. Physical examination revealed a stable gait and intact cranial nerves. Treatment to date has included physical therapy and medication management. The physician is requesting Flexeril 10 mg #30 for sleep. On 8-3-2015, the Utilization Review noncertified Flexeril 10 mg #30 for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30 every evening to help sleep: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG Pain (updated 07/15/15) Online Version.

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

**Decision rationale:** Based on the 7/28/15 progress report provided by the treating physician this patient presents with improved neck pain with occasional lightheadness/nausea. The treater has asked for Flexeril 10mg #30 every evening to help sleep on 7/13/15 "to take in the evenings to help her sleep". The request for authorization was not included in provided reports. The patient is showing slow progress and some sleepiness during the day where she feels 'drunk' per 7/13/15 report. The patient is s/p poor short-term memory and has symptoms consistent with a concussion per 7/28/15 report. The patient will be starting a course of physical therapy soon per 7/28/15 report. The patient's work status is temporarily totally disabled per 7/28/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009 pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, the Cyclobenzaprine was first noted in progress report dated 7/13/15. It appears that the patient has been taking the medication since then. While Cyclobenzaprine may benefit the patient, MTUS does not support long-term use of this medication beyond a 2 to 3 week period. The current request for an additional 30 tablets does not imply short term use, and the treater does not state such in the requesting 7/13/15 report. Hence, the request is not medically necessary.