

<b>Case Number:</b>	CM15-0176160		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/22/2001
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old male who reported an industrial injury on 6-22-2001. His diagnoses, and or impressions, were noted to include: lumbar degenerative disc disease; chronic back pain; intrathecal morphine pain pump placement, failure of mechanical device. Recent magnetic imaging studies of the lumbar spine were done on 5-7-2015, abnormal findings were noted; and urine drug screen on 8-17-2015. His treatments were noted to include: intrathecal percutaneous pain pump placement in 10-2006, failed and removal in 8-2010; electrodiagnostic studies (4-2012); magnetic resonance imaging studies of the lumbar spine (4-2006 & 6-2013); lumbar epidural steroid injections (8-21-13) - 50% effective for a short time; diagnostic x-rays of the lumbar spine (11-2003 & 8-11-14); psychiatric evaluation and treatment; daily stretching; and medication management with toxicology studies (1-27-2015, 2-24-2015 & 5-5-2015). The progress notes of 8-17-2015 reported a periodic office visit with request for authorization; and reviews of diagnostic studies and treatments, and current medications. Objective findings were noted to include: the appearance of tears, depression, and mild-moderate pain; poor ability to communicate; an antalgic gait with use of cane; loss of normal lumbar lordosis with straightening of the lumbar spine, restricted and painful lumbar range-of-motion; tenderness, hypertonicity and tightness of the bilateral lumbar para-vertebral muscles; positive bilateral facet loading and left straight leg raise; tenderness over the sacroiliac spine; motor testing that was limited by pain, and with decreased strength, ankle dorsi flexor's and ankle planter flexor's on the left. The physician's requests for treatments included the continuation of medications which were noted to include Flexeril 10 mg, three times a day as needed for muscle spasm. The

Request for Authorization, dated 8-17-2015, was noted to include Flexeril 10 mg, 1 three times a day as needed, quantity 270 with 1 refill. The Utilization Review of 8-27-2015 non-certified the request for Flexeril 10 mg, 1 three times daily as needed, #270 with 1 refill.

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

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

**Flexeril 10 mg #270 with 1 refill:** 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with opioids. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.