

<b>Case Number:</b>	CM15-0068143		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Colorado

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:

The injured worker is a 51 year old female, who sustained an industrial injury on 3/12/12. The injured worker was diagnosed as having cervical spine disc bulges with radiculopathy, lumbar spine disc bulges with radiculopathy, right shoulder internal derangement, open reduction internal fixation of right foot, stress/anxiety/depression and plantar fasciitis. Treatment to date has included oral medications including narcotics, chiropractic treatment, injections, and right midfoot fusion. Currently, the injured worker complains of neck pain, low back pain, ankle pain with right lower extremity complex regional pain syndrome, and depression. Physical exam noted cervical spine tenderness over the paraspinal muscles, trapezius and parascapular muscles bilaterally, positive impingement test of right shoulder with restricted range of motion, decreased sensation over the L5-S1 dermatomal distribution and tenderness to palpation over the dorsal aspect of the foot with tenderness in the plantar fascia of right foot. The treatment plan included X-force stimulator, shock wave treatment, pulmonology consult, neurology consult and follow up with psychologist. Patient is to continue her current medications,

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42 and 64.

**Decision rationale:** Per the Guidelines, Flexeril (Cyclobenzaprine), and other antispasmodics are recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help more than placebo with back pain and fibromyalgia, but has several side effects that limit its use. Furthermore, Cyclobenzaprine works best in the first 4 days of use, so short courses recommended, no more than 2-3 weeks. No quality consistent evidence exists to support chronic use of Cyclobenzaprine. Common side effects of Cyclobenzaprine include: anticholinergic effects (drowsiness, urinary retention and dry mouth). Sedative effects may limit use. Headache has been noted. This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. Side effects limit use in the elderly. For the patient of concern, the records indicate she has ongoing spasm in low back region. Patient has been using muscle relaxer and additional medication that helps with spasm (benzodiazepines) for at least 6 months and continues to report "pain unchanged." Patient has also had urine drugs screens in the last 6 months that indicate she is taking medications not prescribed, specifically other benzodiazepines. As there is no support, per the guidelines, for long term use of Flexeril, and no evidence that muscle relaxers help patient's pain and function, the request for Flexeril is not medically indicated.