

<b>Case Number:</b>	CM15-0069102		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/27/2015
<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: Texas, 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 is a 48 year old male patient, who sustained an industrial injury on 8/2/2013. He reported injury from continuous trauma. The diagnoses include lumbar sprain/strain with radiculitis, cervical sprain/strain, bilateral ankle sprain/strain, bilateral knee strain/sprain and cephalgia. Per the a progress note dated 3/10/2015, he had complains of neck pain with radiation to the upper extremities and low back pain with radiation to the lower extremities and pain in the bilateral knees, feet and ankles. The physical examination revealed positive foraminal compression test and Spurling test; tightness and spasm over the neck and back; decreased sensation over the L5 and S1 dermatomes bilaterally, positive mc Murray test bilaterally; tenderness over the bilateral knee, ankle and feet. The medications list includes norco, ultram, anaprox, flexeril, prilosec, lidoderm patcha and compound topical creams. He has had Lumbar MRI on 2/26/2015 which showed multi-level disc desiccation, left knee MRI dated 2/27/15 which revealed medial meniscus and anterior cruciate ligament tear; right knee MRI dated 2/27/15 which revealed fabella and lateral meniscus tear; bilateral ankle MRI on 2/28/15 with abnormal findings. He has had physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg, ninety count:** Overturned

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

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

**Decision rationale:** Request: Flexeril 7.5 mg, ninety count. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." 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. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient has neck and low back pain with radicular symptoms. He has significant objective findings; tenderness, tightness, spasm over the neck and back. He has had multiple diagnostic studies with abnormal findings. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, cyclobenzaprine is recommended for short term therapy. Short term or prn use of flexeril in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 7.5 mg, ninety count is medically appropriate and necessary to use as prn during acute exacerbations.