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| <b>Case Number:</b>   | CM15-0074865 |                              |            |
| <b>Date Assigned:</b> | 04/24/2015   | <b>Date of Injury:</b>       | 03/18/2014 |
| <b>Decision Date:</b> | 05/26/2015   | <b>UR Denial Date:</b>       | 04/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/20/2015 |

### 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: Preventive Medicine, Occupational Medicine

### 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 56 year old male with an industrial injury dated March 18, 2014. The injured worker's diagnoses include abdominal contusion, bilateral ankle sprain, bilateral carpal tunnel syndrome, bilateral knee sprain, left Achilles tendinosis, cervical sprain, left hip sprain, moderate cervical disc herniation at C3-4, C5-6, moderate lumbar disc herniations at L4-5 and L5-S1 and status post left shoulder arthroscopy on 12/16/2014. Treatment consisted of diagnostic studies, prescribed medications, lumbar epidural injection (ESI) at L4-5 on 3/10/2015, 12/24 authorized physical therapy sessions and periodic follow up visits. In a progress note dated 3/20/2015, the injured worker reported ongoing low back pain and ongoing neck pain that radiates to the bilateral upper extremities. The injured worker reported substantial improvement from lumbar epidural injection regarding his left radicular pain. Objective findings revealed decrease range of motion of the lumbar spine. The treating physician prescribed Flexeril tab 10mg #30 with 2 refills now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril tab 10mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66, 41-42.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine Page(s): 41-2, 63-66.

**Decision rationale:** Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on cyclobenzaprine therapy for over 6 months. The only instructions given the patient for use of this medications is "as needed for sleep". This is not an indicated use of this medication. There are no documented episodes of muscle spasms nor any documentation as to the effectiveness of this medication for its present use. Medical necessity for use of muscle relaxants (as a class) or cyclobenzaprine (specifically) has not been established.