

<b>Case Number:</b>	CM15-0077089		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/04/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: 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 45-year-old female, who sustained an industrial injury on 08/04/2012. She has reported subsequent neck, head, back and shoulder pain, was diagnosed with cervical, left shoulder and lumbosacral sprain, small disc herniations of C3-C4, C4-C5 and C5-C6 and L5- S1, and closed head injury. Treatment to date has included oral pain medication and cervical epidural steroid injections. In a progress note dated 04/03/2015, the injured worker complained of neck pain radiating to the bilateral upper extremities, left worse than right and ongoing low back pain with left-sided radicular symptoms. Objective findings were notable for limited range of motion of the cervical and lumbar spine with pain. A request for authorization of Flexeril was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg 1 tab at night for sleep as needed #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine (also known as Flexeril). These guidelines state that cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. The request in this case is for as needed Flexeril for sleep. However, the records indicate that the patient has been given a trial of trazodone for sleep. It is unclear whether the patient failed to respond to the use of trazodone. Further, the above-cited MTUS guidelines do not provide recommendations for the use of Flexeril as a means to treat insomnia. Finally, the MTUS guidelines only recommend Flexeril as short-term therapy. For these reasons, Flexeril is not considered as medically necessary.