

<b>Case Number:</b>	CM13-0013759		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	09/01/1998
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and chronic low back pain reportedly associated with an industrial injury of September 1, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; a walker; attorney representation; electrodiagnostic testing on October 24, 2012, notable for chronic right carpal tunnel syndrome and median neuropathy; a left total knee arthroplasty at an earlier point in the life of the claim; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 30, 2013, the claims administrator denied a request for Flexeril while certifying a request for methadone. The applicant's attorney later appealed, on August 9, 2013. An earlier clinical progress note of August 23, 2013 is notable for comments that the applicant reports persistent back and knee pain. She has been using six Norco a day. She has not been using her methadone as scheduled because she left the bottle at her sister's house. She has comorbid diabetes. She is somewhat overweight with a BMI of 27. Her medication list includes Celexa, Norco, Ambien, and Lyrica. Permanent work restrictions are again endorsed. An earlier note of July 15, 2013 is notable for comments that the applicant reports persistent neck pain, low back pain, and headaches. On this day, the applicant was given prescriptions for Flexeril and methadone and asked to employ a TENS unit. Permanent work restrictions were again endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Flexeril 5mg #120 between 7/15/2013 and 9/24/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant has been using numerous analgesic, adjuvant, and psychotropic medications. Adding cyclobenzaprine or Flexeril to the mix is not indicated. It is further noted that, contrary to what has been reported by the attending provider, the applicant has failed to clearly demonstrate functional improvement through prior usage of Flexeril. The applicant has failed to return to work. The applicant's work status and work restrictions are apparently unchanged from visit to visit. The applicant continued reliance and dependence on various medications implies a lack of reduction in medical treatment. The request for one (1) prescription of Flexeril 5mg #120 between 7/15/2013 and 9/24/2013 is not medically necessary and appropriate.