

<b>Case Number:</b>	CM13-0033909		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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, cervical radiculopathy, cubital tunnel syndrome, and generalized headaches reportedly associated with an industrial injury of June 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; at least one cervical epidural steroid injection; electrodiagnostic testing of July 13, 2013, notable for bilateral cubital tunnel syndrome and bilateral C6 radiculopathy; and work restrictions. In a Utilization Review Report of September 20, 2013, the claims administrator approved a request for Naprosyn while denying a request for Flexeril. The applicant's attorney subsequently appealed. In a September 27, 2013 progress note, the attending provider writes that cyclobenzaprine is not necessarily intended for long-term use purposes and that the applicant could in fact use it briefly. On September 5, 2013, the applicant was described as using lidocaine patches and oral ibuprofen. It was stated that ibuprofen was no longer helping. Therefore, a different anti-inflammatory, Naprosyn, was endorsed. Flexeril was employed for myofascial pain/muscle relaxant purposes. The applicant was described as having been laid off by her former employer, Staples. She is also using Lidoderm patches on an as-needed basis, it was further noted. In an earlier note of August 13, 2013, the applicant was given a prescription for Norco 10/325 #20 and Zofran for any peri-procedure nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIXTY (60) TABLETS OF FLEXERIL 7.5MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is in fact described on various occasions as using several other agents, including Naprosyn at one point in time, Motrin at another point in time, and Norco at a third point in time. Adding cyclobenzaprine or Flexeril to the mix, even for short-term purposes, is not recommended, according to page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.