

<b>Case Number:</b>	CM13-0042839		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 patient is a 50 year old male with a date of injury of 09/30/2003. The listed diagnosis is post-operative anterior cervical discectomy and fusion at C6-7 (10/30/2003), with residual cervical/trapezial sprain/strain and bilateral upper extremity radiculitis. According to report dated 09/10/2013, the patient presents with continued neck and low back pain. The examination of the cervical spine revealed decreased ROM with negative straight leg raise bilaterally. Patient's current medication includes Vicodin 5/500mg for pain and Flexeril 10mg for spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF FLEXERIL 10MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** This patient presents with continued neck and low back pain. The physician is requesting Flexeril. The MTUS Guidelines page 63, regarding muscle relaxants, states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term

treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence." In this case, medical records indicate that patient has been prescribed Flexeril on 07/12/2013. Prior to that the patient was on Norflex another muscle relaxant. Muscle relaxants are recommended for short-term use only. Recommendation is for denial.