

<b>Case Number:</b>	CM13-0061517		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/15/1998
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 44 year old female with an injury date on 07/15/98. Based on the 11/13/13 progress report provided by [REDACTED], the patient's diagnoses include ulnar neuropathy of elbow, carpal tunnel syndrome, chronic neck pain with flare-up, chronic pain syndrome with depression, and complex regional pain syndrome. [REDACTED] is requesting the following: 1) Flexeril 10 mg#30 2) Valium 10 mg #30 The utilization review determination begin challenged is dated 12/02/13 and recommends denial of both the Flexeril and Valium. [REDACTED] is the requesting provider and provided treatment reports from 05/20/13- 11/13/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**Decision rationale:** According to the 11/13/13 progress report by [REDACTED], the patient presents with ulnar neuropathy of elbow, carpal tunnel syndrome, chronic neck pain with flare-up,

chronic pain syndrome with depression, and complex regional pain syndrome. The request is for Flexeril 10 mg #30. Although there is no specific date indicated of when the patient began to take Flexeril, the initial report from 05/20/13 states that both "Flexeril and Valium help with pain/spasms at night and sleep." Based on MTUS guidelines, cyclobenzaprine are "not recommended to be used longer than 2-3 weeks." Based on the review of the reports, the patient appears to be prescribed this medication on a long-term basis. Recommendation is for denial.

**VALIUM 10MG, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 64.

**Decision rationale:** According to the 11/13/13 progress report by [REDACTED] the patient presents with ulnar neuropathy of elbow, carpal tunnel syndrome, chronic neck pain with flare-up, chronic pain syndrome with depression, and complex regional pain syndrome. The request is for Valium 10 mg #30. Although there is no specific date indicated of when the patient began to take Valium, the initial report provided from 05/20/13 states that both "Flexeril and Valium help with pain/spasms at night and sleep." Valium was again given on 06/24/13. MTUS guidelines states benzodiazepines are not for long-term use, and states most guidelines limit use to 4 weeks. The continued use of Valium is not in accordance with MTUS guidelines. Recommendation is for denial.