

<b>Case Number:</b>	CM13-0062579		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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, 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 female with an underlying date of injury of 12/10/10. The treating diagnoses include cervical sprain and myofascial pain syndrome. The mechanism of injury was a client choking her by pulling her down with his hands on her neck; this strained her neck and caused pain in her left upper extremity. On 10/30/13, the treating physical rehabilitation physician saw the patient in follow-up and noted that she continued to have pain in the neck with occasional numbness of the left hand. On exam, the patient had a positive left Spurling's maneuver and decreased sensation in the left hand. The patient was noted to have spasm in the left trapezius. Flexeril, Neurontin, and Omeprazole were refilled. The treating physician noted that the patient was being treated with prednisone and marijuana, and also requested treatment with an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 OF 5 FLEXERIL 7.5MG:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend this medication for a short course of therapy; guidelines do not indicate that it is effective on a chronic basis. The medical records do not provide an alternate rationale as to why this medication would be indicated in the current chronic setting. As such, this request is not medically necessary.