

<b>Case Number:</b>	CM13-0063076		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 75 year old female who was injured on 10/29/2010 while she was struck with a chain magnet on the head when a patient opened double doors fast. Prior treatment history has included the patient being prescribed on 02/04/2013 Theramine, Losec and topical creams. Current medications are Theramine, Losec, Tizanidine, Tramadol, Naproxen and pantoprazole. On 08/19/2013 she was prescribed gabapentin, Medrox patch and topical creams. On 08/28/2013 the following medications have been discontinued: Glipizide, amlodipine, Lipitor and vitamin D supplement. On 09/23/2013 a request was submitted for the following medications to be refilled: Prilosec 20 mg, #60. Also was a request for authorization for Tramadol-ER HCL 150 mg. Diagnostic studies reviewed include a CT scan of the head with no contrast dated 11/13/2011 showed no significant abnormality except subcutaneous occipital hematoma. A CT scan of the head without contrast dated 11/22/2010 was negative. An MRI of the cervical spine dated 09/01/2012 revealing foraminal stenosis most notably on the left at C5-6, the canal is over 12 mm at the level of C4. There is loss of disc height with left sided un-covertebral osteophyte formation resulting in moderate to severe degree of left foraminal stenosis. A transthoracic echocardiogram report dated 06/25/2013 revealed: 1) Normal left ventricular systolic function. 2) Estimated ejection fraction of 75%. 3) Trivial mitral regurgitation. 4) Mild tricuspid regurgitation. 5) Fair technical quality. A chest x-ray dated 07/05/2013 revealed no active cardiopulmonary changes. On 10/01/2013 a urine drug screen was reported negative. On 10/02/2013 a blood glucose monitoring summary showed average blood glucose is 106 mg/dl with 86.7% within target range and 13.3% above target range. Progress report dated 06/25/2013 documented the patient to have complaints of worsening diabetes mellitus but no change to her hypertension, sleep quality or constipation. She denies chest pain, abdominal pain, and shortness of breath at this time. Orthopedic follow up note dated 07/08/2013 documented the patient with

complaints of neck pain rated as 5/10 and lower back pain rated at 5-6/10. She also complains of insomnia and headache. Progress report dated 08/28/2013 documented the patient noting no change to her diabetes mellitus, hypertension, sleep quality or constipation. She denies abdominal pain, chest pain and shortness of breath at this time. Diagnoses: 1) Diabetes mellitus. 2) Hyperlipidemia. 3) Abdominal pain (resolved). 4) Constipation secondary to NASIDs. 5) Weight gain, unsubstantiated at this time. 6) Sleep disorder. 7) Hypertension. Orthopedic follow up note dated 09/23/2013 documented the patient with complaints that her lower back is asymptomatic today; however complains of neck pain rated at 9/10 on numerical pain scale. (Increased from 8/10 on 08/19/2013 exam). Objective findings on exam included cervical spine examination showing range of motion decreased in flexion 32 degrees, extension 27 degrees, rotation right 62 degrees, rotation left 65 degrees, right lateral flexion 23 degrees and left lateral flexion 20 degrees. (Essentially the same as 08/19/2013 exam) Range of motion on lumbar spine exam reveals active range of motions on flexion and extension limited due to localized pain and spasm. Lower extremity motor strength 4/5 bilaterally. Orthopedic follow up note dated 10/28/2013 documented the patient with complaints of neck pain rated as 8-9/10 which radiates down to her bilateral arms and low back pain rated as 5-6/10 which radiates down to her bilateral legs. She also reports moderate radicular pain in her right arm. She notes that pain affects her activities of daily living. She also complains of headaches and sleeping difficulty. Progress report dated 11/01/2013 documented the patient notes well controlled diabetes mellitus. She reports improved sleep quality with an average of 5 hours per night. She reports that her constip

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FLEXERIL 7.5MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Medications for chronic pain Page(s): 41; 64.

**Decision rationale:** According to the CA MTUS guidelines, Flexeril may be indicated for short term course, in the treatment of muscle spasm. However, the references do not support chronic utilization. The medical records do not document clinical findings that support the presence of active muscle spasms. Therefore, the medical necessity of Flexeril 7.5mg #90, has not been established.