

<b>Case Number:</b>	CM13-0065431		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 30-year-old male with a date of injury of 11/1/12. The listed diagnosis per [REDACTED] is backache, not otherwise specified. According to a report dated 11/20/13 by [REDACTED], the patient presents with neck, upper back, and bilateral shoulder pain. The patient's current medication regimen includes ibuprofen 800mg and Flexeril 10mg. The patient states that medications are working well with some side effects, including drowsiness and nausea. Examination of the cervical spine revealed that range of motion is restricted with flexion limited to 45 degrees, extension limited to 45 degrees, right lateral bending limited to 35 degrees, and left lateral bending limited to 35 degrees. Paravertebral muscles, spasm, tenderness, tight muscle band, and trigger point were noted. Examination of the thoracic spine revealed paravertebral muscle hypertonicity, spasm, and tenderness. There was loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted in all planes. FABER test is positive. The treatment plan includes ibuprofen and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEEN 800MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** This patient presents with neck, upper back, and bilateral shoulder pain. The treating physician is requesting a refill of ibuprofen 800mg. The medical documentation reveals that the patient was prescribed a trial of ibuprofen 800mg on 5/8/13. Subsequent progress reports provide no discussion on the efficacy of the medication in terms of pain relief or any functional improvement. The MTUS requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of sufficient documentation warranting long term use, the request is not medically necessary.

**FLEXERIL 10MG:** Upheld

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

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

**Decision rationale:** This patient presents with neck, upper back, and bilateral shoulder pain. The treating physician is requesting a refill of Flexeril 10mg. The MTUS guidelines state that Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use. In this case, medical records indicate that this patient has been prescribed this medication since 6/5/13. The MTUS does not recommend long-term use of muscle relaxants and recommends using 3-4 days of acute spasm and no more than 2-3 weeks. The requested Flexeril is not medically necessary.