

<b>Case Number:</b>	CM13-0066742		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for depressive disorder, depression, old disruption of posterior cruciate ligament, rotator cuff disorder, cervical facet syndrome and TFCC tear associated with an industrial injury on July 12, 2007. Treatment to date includes oral and topical analgesics and muscle relaxant, cervical spine traction, multiple surgeries of the spine and right shoulder, right wrist surgery and physical therapy. Utilization review dated November 22, 2013 denied request for Flexeril 5mg 3x a day #60 due to prolonged use. Medical records from 2013 were reviewed and showed complaints of right hemifacial, neck, shoulders, back, wrists, and bilateral feet pain. There is left foot pain and right foot pain along with stiffness of left foot and left heel. There is stiffness of the bilateral shoulders and numbness over the neck with muscle spasm. Pain averages 1-6/10. Patient's activity level has decreased. Final Determination Letter for IMR Case Number CM13-0066742 3 Physical examination of the cervical spine show paravertebral muscle hypertonicity and spinous process tenderness on C5, C6, and C7. Posture is abnormal with neck extension. Examination of the shoulders revealed decreased range of motion (ROM) with flexion and abduction of 100 degrees. Hawkin's, Neer, Empty Can test and Jobe's test are positive. Bilateral feet examination show tenderness over the heel. Medications include acetaminophen, ibuprofen, tramadol, Prilosec, cyclobenzaprine 10%/gabapentin 10% cream. Duration and frequency of use were not mentioned. The patient was also noted to be taking Flexeril as far back as July 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 5MG TABLET THREE TIMES A DAY #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42.

**Decision rationale:** As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, the patient has complained of muscle spasms. However, there has not been significant evidence stating the functional benefits derived from Flexeril. The patient has been on this medication since July 2013. Duration and frequency of intake were not stated. Prolonged use is not recommended. Therefore, the request for Flexeril is not medically necessary.