

<b>Case Number:</b>	CM14-0106755		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 injured worker is a 65-year-old male who reported an injury on 06/12/2012. The mechanism of injury was not provided. On 03/26/2014, the injured worker presented with neck and low back pain. Prior therapy included medications, physical therapy, and acupuncture. Medications included cyclobenzaprine, hydrocodone/acetaminophen, and Flexeril. The diagnoses were lumbago, cervicgia, cervical radiculitis, and sciatica. Examination of the neck: There was pain in both directions with positive bilateral facet loading and 4/5 strength. The provider recommended Flexeril 10 mg with a quantity of 60 and 5 refills and a gastroenterologist consultation. The provider's rationale was not provided. The Request for Authorization form was not included in the medical document for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60 x 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of medications in this class may lead to dependence. The provider's rationale for the use of this medication was not provided. The provider's request for Flexeril 10 mg with a quantity of 60 and 5 refills exceeds the guideline recommendation for short term treatment. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. As such, medical necessity has not been established.

**Gastroenterologist consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163

**Decision rationale:** The ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical stability and permanent residual loss and examinee's return to work. There is no clear rationale to support the need for a gastroenterologist consultation. There is lack of documentation on how a gastroenterologist's consultation will aid the provider in a treatment plan or goals for the injured worker. There were no signs and symptoms or diagnosis related to gastrointestinal events. As such, medical necessity has not been established.