

<b>Case Number:</b>	CM14-0112997		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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, has a subspecialty in Pain Management, 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 57-year-old with an injury date on March 14, 2012. Based on the May 13, 2014 progress report provided by [REDACTED], the diagnoses are neck pain, cervical disc disease, cervical radiculopathy, low back pain, lumbar disc disease, lumbar spondylolisthesis, and lumbar radiculitis. According to this report, the patient presents with neck pain which radiates to the right arm and low back pain which radiates to the left leg. Numbness is noted over the left leg/toes and right fingers. Pain is aggravated by prolonged sitting, standing and walking. Lying down and medications would alleviate the pain. Pain is rated as a 9/10 without medication and 6/10 with medications. The left lower extremity strength test is a 4/5, grossly. There were no other significant findings noted on this report. The utilization review denied the request on June 25, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from June 4, 2012 to May 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64, 63.

**Decision rationale:** According to the May 13, 2014 report by [REDACTED] this patient presents with neck pain which radiates to the right arm and low back pain which radiates to the left leg. The treater is requesting Flexeril 10mg #30. For muscle relaxants for pain, the Chronic Pain Medical Treatment Guidelines state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP (low back pain) cases, they showed no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Flexeril #30 and this medication was first noted in the December 12, 2013 report. Flexeril is not recommended for long term use. Therefore, the request for Flexeril 10 mg, thirty count, is not medically necessary or appropriate.