

<b>Case Number:</b>	CM14-0137815		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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:

This 56 year-old salesman sustained an injury on 3/2/11 from stepping into a sunken 1 foot hole while employed by [REDACTED]. Request(s) under consideration include Flexeril 10mg 1 tab QHS. Diagnoses included cervical facet syndrome/ pain; lumbar DDD/ disc disorder; lumbar facet syndrome/ radiculopathy. The patient is s/p cervical fusion of C4-7 on 11/2/12. Medications list Topamax, Flexeril, Docusate Sodium, Opana ER, Percocet, Miralax, Neurontin, Senna. Conservative care has included physical therapy, aquatic therapy, diagnostics, psyches counseling, lumbar epidural steroid injections (9/2013), medications, and modified activities/rest. Report of 7/29/14 from the provider noted ongoing chronic neck and low back symptoms ated at 4/10 with and 8/10 without medications. Exam and diagnoses were unchanged. The request(s) for Flexeril 10mg 1 tab QHS was non-certified on 8/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG 1 TAB QHS:** 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 Page(s): 128.

**Decision rationale:** This 56 year-old salesman sustained an injury on 3/2/11 from stepping into a sunken 1 foot hole while employed by [REDACTED]. Request(s) under consideration include Flexeril 10mg 1 tab QHS. Diagnoses included cervical facet syndrome/pain; lumbar DDD/ disc disorder; lumbar facet syndrome/ radiculopathy. The patient is s/p cervical fusion of C4-7 on 11/2/12. Medications list Topamax, Flexeril, Docusate Sodium, Opana ER, Percocet, Miralax, Neurontin, Senna. Conservative care has included physical therapy, aquatic therapy, diagnostics, psyches counseling, lumbar epidural steroid injections (9/2013), medications, and modified activities/rest. Report of 7/29/14 from the provider noted ongoing chronic neck and low back symptoms ated at 4/10 with and 8/10 without medications. Exam and diagnoses were unchanged. The request(s) for Flexeril 10 mg 1 tab QHS was non-certified on 8/20/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2011. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg 1 tab QHS is not medically necessary and appropriate.