

<b>Case Number:</b>	CM14-0142420		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Anesthesiologist, Pain and is licensed to practice in California and Nevada. 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 62 year old female that reported an injury on 05/03/2013. The mechanism of injury was noted to be a fall. She has diagnoses to include spasm of muscle, lumbar radiculopathy, cervical pain, post-concussion syndrome and cervical facet syndrome. The injured worker was previously treated with medication, cervical facet nerve block, physical therapy and TENS unit. There were no relevant diagnostic or surgical history documented in the notes. On 08/13/2014 the injured worker complained of neck pain and lower back. The physical exam of the cervical spine documented flexion limited to 60 degrees, extension 30 degrees, right lateral bending 20 degrees, left lateral bending 20 degrees, lateral rotation to the left 30 degrees and lateral rotation to the right 30 degrees. On examination of paravertebral muscles, hypertonicity, spasm tenderness, tight muscle band and trigger point is noted on the right side. Tenderness is noted at the paracervical muscles and trapezius. The medications listed include Flexeril 5mg, Naprosyn 500mg and Tramadol. The treatment plan included TENS unit, MRI of the Lumbar spine, EMG to bilateral lower extremities and radiofrequency ablation procedure on the right side C4-6 for cervical facet syndrome. There was no rationale listed for the request. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #30 (1-2 tabs at bed time as needed): 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): 63-66.

**Decision rationale:** The request for Flexeril 5mg #30 (1-2 tabs at bed time as needed) is not medically necessary. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment. Muscle relaxants may be used effectively to reduce pain and muscle tension as well as increase mobility, however efficacy diminishes over time and prolonged use of some medications in this class may lead to dependence. The injured worker reportedly complained of increase in neck pain and lower back ache. There was no documentation to indicate the medication was a new start or continuation of previous treatment. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the medication. As such, the request for Flexeril is not medically necessary.