

<b>Case Number:</b>	CM14-0155627		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 patient is a 27 year old female who was injured on 02/13/2014 while performing her usual and customary work related duties. Prior medication history as of 09/02/2014 included Flexeril 7.5 mg, Motrin, Salon Paws, and Tiger balm. Follow-up reported dated 09/02/2014 states the patient presented with complaints of continued pain in her neck with numbness and tingling into the right arm more than the left. She reported she has clicking and popping in her shoulder even after she received an injection into her shoulder. Objective findings on exam revealed tenderness over the lateral aspect of the shoulder with decreased tenderness in the paracervical region with modest muscle guarding on the right side. She is diagnosed with cervical radiculitis with bilateral C5-C6 encroachment, right shoulder tendinopathy, and right lateral epicondylitis. She was recommended to continue with her medications including Voltaren 100 mg, Protonix 20 mg, Ultram ER 150 mg, and Flexeril 7.5mg. Prior utilization review dated 09/18/2014 states the request for 1 retrospective review for Flexeril 7.5mg 1 tab #90 is not certified as it is not medically appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 retrospective review for Flexeril 7.5mg 1 tab #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/cervical> and

thoracic spine [https://www.acoempracguides.org/chronic\\_pain](https://www.acoempracguides.org/chronic_pain) [www.odgtwc.com/odgtwc/formulary.htm](http://www.odgtwc.com/odgtwc/formulary.htm)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

**Decision rationale:** The above MTUS guidelines regarding Flexeril/cyclobenzaprine states that it is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks. In this case, note from 7/7/14 and 9/2/14 document that the patient is given Flexeril. This is more than the recommended 3 weeks use per guidelines. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The recommendation for non-certification of medications does not imply a recommendation of abrupt cessation of the medication. Any medical order must be considered by the treating physician in accordance with the appropriate standard of care to avoid any adverse consequences which may occur with changes in the treatment regimen. Such as, 1 retrospective review for Flexeril 7.5mg 1 tab #90 is not medically necessary.