

<b>Case Number:</b>	CM14-0162132		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured male worker. The date of injury is 8/2/2011. The patient sustained an injury to cervical spine and shoulders. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the neck and shoulders with decreased range of motion and radiation of pain down the arms. The patient is maintained on the multimodal pain medication regimen including flexeril. A request for flexeril was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg 1 tablet PO BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

**Decision rationale:** Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril

also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the patient has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.