

<b>Case Number:</b>	CM14-0021583		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	09/09/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 records, presented for review, indicate that this 45-year-old female was reportedly injured on September 9, 2004. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated January 27, 2014, indicated that there were ongoing complaints of right ankle pain and subsequent right knee pain. The physical examination revealed tenderness of the right ankle at the anterior talofibular ligament. Ankle was ligamentously stable and there was no effusion. Prior notes, dated March 19, 2014, indicated complaints of neck pain. On this date, there was tenderness along the cervical and lumbar spine with a normal upper and lower neurological examination. Diagnostic imaging studies of the cervical and lumbar spine showed no central canal or neural foraminal narrowing. Treatment included a right ankle arthroscopy as well as prior physical therapy for the cervical and lumbar spine in addition to oral medications. A request had been made for Flexeril 7.5 mg and was not certified in the pre-authorization process on February 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. Additionally, 90 tablets does not indicate episodic short-term usage. For these reasons, this request for Flexeril is not medically necessary.