

<b>Case Number:</b>	CM14-0032239		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/16/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, 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 48-year-old injured on January 16, 2013 due to undisclosed mechanism of injury. Current diagnoses included irritable bowel syndrome, gastroesophageal reflux disorder (GERD), insomnia, cervical spine radiculopathy and strain, lumbosacral radiculopathy, and status post right shoulder surgery with residual weakness. Clinical documentation dated December 2, 2013 indicated the injured worker complained of pain in the cervical spine and lumbosacral spine rated 8-9/10 without medications. The injured worker reported Dexilant was helping with pain management. Objective findings included positive cervical spine spasm, lumbar spine decreased range of motion and positive straight leg raise. Most recent clinical records do not provide information regarding myospasm or the efficacy of muscle relaxants in the treatment of the injured workers chronic pain. A request for Flexeril 7.5mg #90 was non-certified on February 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Cyclobenzaprine. Decision based on Non-MTUS Citation Official Disability Guidelines for muscle relaxants.

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

**Decision rationale:** The injured worker is a 48 year-old female who is diagnosed with cervical and lumbar radiculopathy. The injured worker has been maintained on oral medications. The records reports periodic spasm. Both California Medical Treatment Utilization Schedule and 2013 Official Disability Guidelines, 18th edition do not support the prolonged use of muscle relaxant's in the treatment of chronic pain. The records do not provide any data which establishes the efficacy of this medication for the treatment of chronic pain. The request for Flexeril 7.5mg, ninety count, is not medically necessary or appropriate.