

<b>Case Number:</b>	CM14-0032699		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Orthopedic Surgeon and is licensed to practice in Texas. 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 54 year old female who sustained multiple injuries on 05/08/13. On this date she was transferring a heavy disabled patient from a wheelchair to an automobile when she subsequently developed neck pain back pain and lumbosacral radiculitis. MRI of the cervical spine dated 07/16/13 reported loss of user usual cervical lordosis, suggesting spasms of the paraspinal musculature. Discogenic spondyloarthropathy was noted at C4-5, C5-6, and C6-7. There was mild central canal stenosis but no cord flattening. There was a broad posterior 3mm six C6-7 disc protrusion. There was multilevel neural foraminal stenosis. Treatment to date included physical therapy for the lumbar spine and oral medications. On 01/16/13 the claimant was seen by orthopedic surgeon with complaints of neck pain radiating into the left arm with numbness. She was noted to have decreased cervical range of motion and decreased sensation over the left C6 dermatome. The claimant was subsequently provided additional physical therapy. Utilization review determination dated 03/24/14 non-certified the request for Flexeril 7.5mg #90 one tablet twice per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5 MG #90 1 TABLET TWICE PER DAY 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 Relaxant's Page(s): 63-66.

**Decision rationale:** The request for Flexeril 7.5mg #90 is not supported as medically necessary. Submitted clinical records indicate that the claimant has chronic cervical pain secondary to a cervical myofascial strain superimposed over cervical degenerative disc disease. Clinical records provide no data regarding the efficacy of this medication. The records do not note the presence of active myospasm for which this medication would be indicated. It would further be noted that California Medical Treatment Utilization Schedule (MTUS) does not support the long term use of muscle relaxants in the treatment of chronic pain. As such the medical necessity of this request has not been established for continued use of this medication.