

<b>Case Number:</b>	CM14-0046484		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/25/2005
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 42-year-old female with a reported injury on 02/25/2005. The mechanism of injury was not provided. Her diagnoses included chronic pain syndrome, headache migraine, fatigue and malaise, and pain in joint. There was a lack of evidence of previous treatments and the efficacy of those treatments to include physical therapy, the use of NSAIDs, and a home exercise program. The injured worker had an examination on 03/06/2014 for renewal of her medications. It was reported that she was currently tolerating her prescribed medications well without any recurrent clinical issues of concern. She also stated that there were no major side effects due to the medication. There was not a pain scale provided on a VAS for efficacy of this medication. Upon examination, the injured worker had no complaints of musculature pain of the extremities and no complaints of loss of normal muscle strength. She did complain of cervical spine pain. There was a lack of evaluation and assessment of physical or neurological deficits. The list of her medications included Flexeril and Imitrex. The recommended plan of treatment was to refill her medications. The Flexeril is used for muscle spasms. The Request for Authorization was signed and dated for 03/26/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG #90:** 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 relaxants Page(s): 64.

**Decision rationale:** The California MTUS Guidelines recommend Flexeril for a short course of therapy. There is limited mixed evidence that does not allow for a recommendation for the chronic use. Flexeril is usually dosed at 5 mg 3 times a day and it can be increased to 10 mg 3 times a day. This medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker does not complain of muscle spasms and the physical examination did not show any evidence of muscle spasms that were present. It is unknown as to how long the injured worker has been taking this medication and there is a lack of evidence to support the number of 90 pills without further evaluation and assessment. Furthermore, the request does not specify directions as far as frequency and duration. The clinical information fails to meet the evidence-based guidelines. Therefore, the request for the Flexeril 10mg #90 is not medically necessary.