

<b>Case Number:</b>	CM14-0072989		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/08/2002
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 63-year-old female injured on 02/08/02 while running to an emergency she slipped and fell on a wet floor resulting in injury to the neck and low back. The patient underwent six years of conservative treatment and ultimately required surgical intervention. The patient underwent lumbar surgery in 2008 and cervical fusion in 2011. The patient reported 50% relief of low back, left leg, and right hip pain and 75% of neck pain. Diagnoses included chronic pain syndrome, facet joint disease, bilateral trochanteric bursitis, status post left carpal tunnel release, obesity, depression, deconditioning, and status post cervical and lumbar fusion. Clinical note dated 04/25/14 indicated the patient presented complaining of neck pain rated 4/10 with intermittent radiation to the left arm stopping at the elbow with associated numbness in the right hand and fingers and low back pain rated 5-8/10. Physical examination revealed moderate severe tenderness to palpation of bilateral greater trochanters, left sacroiliac joint tenderness, straight leg raise testing negative, limited range of motion in the neck to 80% normal limits 50% in low back, pain with oblique extension, muscle strength 5/5 in bilateral upper extremities and lower extremities, decreased sensation to pin prick and glove and stocking distribution, tenderness to palpation of the left CMC joint, Finklestein test negative, and deep tendon reflexes symmetrical throughout upper extremities and lower extremities. Medication provided included Lidoderm patches and Flexeril. The initial request for Flexeril 5mg #120 was not medically necessary on 05/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** The Expert Reviewer's decision rationale:As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Flexeril 5mg QTY: 120 is not medically necessary.