

<b>Case Number:</b>	CM14-0084127		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 injured worker is a 52-year-old male who had a work related injury on 10/11/12. There is no documentation of mechanism of injury. Most recent medical record submitted is dated 05/21/14. On that date the injured worker returns for re-evaluation regarding neck pain, low back pain, left shoulder, left wrist and left elbow pain. The injured worker continues to find his medications helpful and well tolerated, including Lidoderm patch for superficial nerve pain, Norco for severe pain and Flexeril for acute flare-ups of muscle spasm. The pain is described as a stabbing pain in the neck on the left side, burning and pins and needles in his left shoulder and left upper extremity as well as in his low back. The injured worker has aching in his left knee. The injured worker has burning in both hands as well. The pain is worse with sitting, walking, bending and lifting. The pain is better with medications and lying down. He rates his pain as 7-8/10 visual analog scale (VAS) without medication and 2-3/10 VAS with medication. The injured worker is alert and oriented x 3. Normal heel to toe pattern. There is tenderness to palpation over the left elbow and forearm. Decreased range of motion of the left elbow. Lumbar examination noted the injured worker has 5/5 bilateral lower extremity strength. Sensation is intact and equal. There is no clonus or increased tone. Deep tendon reflexes are 2+ and symmetric. Babinski sign is negative. Sciatic notches are pain free to palpation. There is tenderness over the paraspinals. There is increased pain with flexion and extension. Straight leg rising is positive bilaterally. Left elbow MRI on 09/18/13 noted previous medial epicondyle fracture with distal displacement of the epicondyle fragment. There are changes of lateral epicondylitis, mild. Osteoarthritis of the ulnohumeral and radial capitellar and proximal radial ulnar joints. Lumbar MRI dated 04/19/13 revealed multilevel degenerative changes. There is severe multifactorial canal stenosis at L4-5. There is mild degenerative spondylolisthesis at L5-S1. Mild to moderate multifactorial canal stenosis at L2-3. Multilevel foraminal stenosis. Medications include hydrocodone, Flexeril,

Cymbalta, Elavil, Metformin, and Glimepiride. Diagnoses include ulnar neuropathy at the wrist and elbow on the left side, Median nerve compression at the wrist from fracture, Lumbar radiculopathy, Acromioclavicular sprain on the left, Rotator cuff sprain on the left, Sprain of left elbow, Lumbar sprain, Cervical sprain, Superior Labrum Anterior and Posterior tear of shoulder. Prior utilization review on 05/11/14 did not grant the requested service.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, muscle relaxant (for pain).

**Decision rationale:** The request for Flexeril 10mg #60 is not medically necessary. The current evidence based guidelines do not support the request. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. Limited, mixed-evidence does not allow for a recommendation for chronic use. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and the prescribing physician should only change medications. Therefore, the request is not medically necessary.