

<b>Case Number:</b>	CM14-0193443		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 California. 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:

This 34 year-old patient sustained an injury on 12/7/2007 while employed by [REDACTED]. Request(s) under consideration include Flexeril 10mg x 60 for the cervical spine. Diagnoses include diffuse musculoskeletal myofascial pain; cervical 2mm disc bulge with degenerative osteophyte; bilateral shoulder strain/sprain; psyche issues; headaches; and GI issues secondary to NSAID use. Conservative care has included medications, therapy, psychotherapy, chiropractic treatment, diagnostics, acupuncture, and modified activities/rest. Medications list Flexeril, Norco, and Kera-tek analgesic gel, topical cream with Diclofenac. The patient has been taking Flexeril since at least 4/9/14 with previous utilization review recommending weaning. Report of 7/30/14 from the provider noted chronic ongoing neck and bilateral shoulder pain rated at 9.5/10; Flexeril helps with spasm. Exam showed unchanged findings of limited cervical range; decreased sensation at C7, C8 with AC joint shoulder tenderness and slightly decreased strength of 4/5 bilaterally in flexion and abduction. The request(s) for Flexeril 10mg x 60 for the cervical spine was non-certified on 8/27/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mfx 60 for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** This 34 year-old patient sustained an injury on 12/7/2007 while employed by [REDACTED]. Request(s) under consideration include Flexeril 10mg x 60 for the cervical spine. Diagnoses include diffuse musculoskeletal myofascial pain; cervical 2mm disc bulge with degenerative osteophyte; bilateral shoulder strain/sprain; psyche issues; headaches; and GI issues secondary to NSAID use. Conservative care has included medications, therapy, psychotherapy, chiropractic treatment, diagnostics, acupuncture, and modified activities/rest. Medications list Flexeril, Norco, and Kera-tek analgesic gel, topical cream with Diclofenac. The patient has been taking Flexeril since at least 4/9/14 with previous utilization review recommending weaning. Report of 7/30/14 from the provider noted chronic ongoing neck and bilateral shoulder pain rated at 9.5/10; flexeril helps with spasm. Exam showed unchanged findings of limited cervical range; decreased sensation at C7, C8 with AC joint shoulder tenderness and slightly decreased strength of 4/5 bilaterally in flexion and abduction. The request(s) for Flexeril 10mg x 60 for the cervical spine was non-certified on 8/27/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2007. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg x 60 for the cervical spine is not medically necessary and appropriate.