

<b>Case Number:</b>	CM14-0207874		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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:

The patient is a 49 year old female with date of injury 06/09/08. The treating physician report dated 11/19/14 (58) indicates that the patient presents with pain affecting her cervical spine. The physical examination findings from 2009 reveal cervical range of motion flexion- 20 degrees, extension- 35 degrees, lateral flexion for left & right- 20 degrees, rotation- 30 degrees on the right and 25 degrees on the left as well as tenderness with palpation at C4-7. Prior treatment history includes QME, physical therapy, topical creams/patches, and medications. MRI findings from 2009 revealed 3-4 mm left sided disc protrusion at C4-5. The current diagnoses are: 1. Cervical Radiculopathy 2. Muscle Spasms. The utilization review report dated 11/11/14 denied the request for Baclofen 10mg Qty 240, Flexeril 10mg Qty 120, and Soma 350mg Qty 90 based on medical necessity and guidelines not being met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg Qty 240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain affecting her cervical spine. The current request is for Baclofen 10mg Qty 240. The treating physician states that the patient is "doing ok with medication." (48) The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Dosing: 25 mg a day for 7 days, 25 mg three times a day for 7 days, 50 mg three times a day for 7 days and then 100 mg three times a day." In this case, the treating physician has been prescribing this medication to the patient since at least 02/04/14 (47) and the quantity would exceed the recommended guidelines that state muscle relaxants are for short term usage of acute exacerbations. Recommendation is for denial.

**Flexeril 10mg Qty 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The patient presents with pain affecting her cervical spine. The current request is for Flexeril 10mg Qty 120. The treating physician states that the patient has been using Flexeril since at least 02/04/14. The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case the treating physician has documented that the patient has previously used Flexeril but did not state for how long or if there was any improvement. MTUS guidelines do not recommend this medication for long term usage as it is currently prescribed. Recommendation is for denial.

**Soma 350mg Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The patient presents with pain affecting her cervical spine. The current request is for Soma 350mg Qty 90. The treating physician states, "Continue medications, continue exercise." (48) In reviewing the medical records provided the patient has been prescribed Soma since at least 02/04/14. MTUS guidelines page 29 regarding Soma state, "Not recommended. This medication is not indicated for long-term use. MTUS guidelines do not support this medication for long term use. Recommendation is for denial.