

<b>Case Number:</b>	CM15-0001108		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/21/2005
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 57 year old male who sustained an industrial injury on 6/21/05. The injured worker reported symptoms in the abdomen and back. The diagnoses included cervical myoligamentous injury with bilateral upper extremity radicular symptoms, right shoulder internal derangement, right elbow internal derangement, status post-surgery on 10/18/06, right carpal tunnel syndrome, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, status post umbilical hernia repair on 10/11/02, bilateral knee sprain/strain, medication induce gastritis. Treatments to date have included epidural steroid injections, oral pain medications, chiropractic treatments and physical therapy. Provider documentation dated 12/4/14 noted the injured worker presents with "increased neck pain radiating down to both upper extremities which he rate today from 0-10 as 8 in intensity", the treating physician is requesting Flexeril 10mg twice daily #60. On 12/19/14, Utilization Review non-certified a request for Flexeril 10mg twice daily #60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #60 is not medically necessary. Muscle relaxants are 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. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical myoligamentous injury with bilateral upper extremity radicular symptoms; right shoulder internal derangement; right elbow internal derangement, s/p surgery 10/18/06; right CTS; lumbar myoligamentous injury with BLE radicular symptoms; s/p umbilical hernia repair 10/11/2002; bilateral knee sprain/strain; and medication induced gastritis. Subjectively, the injured worker complains of neck pain radiating to the upper extremities with a VAS 8/10 and low back pain that radiates down the bilateral lower extremities. The injured worker was weaned off MS Contin. Objectively, there is tenderness to the patient over the cervical spine musculature with numerous trigger points. The lumbar spine was tendered a palpation bilaterally with increased muscle rigidity. There are number of trigger points that are palpable and tender. Range of motion is decreased. Medications prescribed were Norco-10/325 mg, Anaprox DS 550 mg, and Prilosec 20 mg. A urine drug screen from July 10, 2014 was inconsistent. Medicines prescribed but not detected were Ambien and Fiorinal. Medications detected but not prescribed Celexa, hydrocodone, morphine and nicotine. There was no documentation or mention of Flexeril in the record. Consequently, absent clinical documentation with a clinical indication and/or rationale for Flexeril, Flexeril 10 mg #60 is not medically necessary.