

<b>Case Number:</b>	CM15-0001319		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/18/2014
<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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old female, who sustained an industrial injury on 11/17/08. She has reported neck, right arm and bilateral shoulder pain. The diagnoses have included cervical radiculopathy, adhesive capsulitis and history of cervical fusion. Treatment to date has included cervical fusion and medications. She has previously had EMG studies; (MRI) magnetic resonance imaging of neck (2013), (MRI) magnetic resonance imaging right shoulder (7/12) and neck x-rays (2012). Currently, the IW complains of neck pain radiating to right shoulder. She noted some relief of pain with medication. Cervical spine tenderness is noted on the exam of 11/5/14 along with restricted range of motion, tenderness, spasm and tight muscle band of paravertebral muscles; tenderness at paracervical muscles, rhomboids and trapezius; right shoulder revealed limited range of motion and left shoulder without abnormalities. On 12/18/14 Utilization Review non-certified Flexeril 10 mg #30, noting the response of the IW to previous Flexeril use is not documented and it was uncertain how long she had been taking it. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/29/14, the injured worker submitted an application for IMR for review of Flexeril 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Flexeril 10mg between 12/16/2014 and 1/30/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants (for pain).

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

**Decision rationale:** The injured worker is being treated for chronic neck pain diagnosed as cervical radiculopathy following cervical laminectomy. Pharmacologic pain management includes Flexeril 10 mg and Nucynta 50 mg. Records indicate a stable dose of opioid medications for neck pain. With medication, the pain level is reported as 5/10; without medication pain, the level is reported to be 7-8/10. Physical examination is positive for signs of muscle spasm and shoulder impingement syndrome. MTUS guidelines indicates muscle relaxants are indicated for short-term use with significant improvement of muscle spasms. Request for Flexeril 10 mg daily is greater than the 2-3 weeks, short-term recommended duration, per MTUS guidelines. Request for Flexeril is therefore not medically necessary.