

<b>Case Number:</b>	CM15-0002155		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/19/2005
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 68 year old female with an industrial injury dated 04/19/2005. She was working as a nurse and was lifting a patient. She felt a snap and a pop in her neck and upper back. She also noted right shoulder pain. Prior treatments include cervical MRI, cervical 5 - 5 discectomy and fusion in June of 2009, H wave to right hip, medications and cervical epidural steroid injection. Follow up dated 12/09/2014 notes the injured worker was experiencing upper extremity pain. She states the epidural steroid injection on 12/02/2014 did not help. She was also complaining of spasm and discomfort in the neck. She has used Flexeril in the past which had helped. The injured worker would like to try Flexeril and physical therapy again. She was doing her home exercise program. Physical exam revealed 5/5 bilateral upper extremity strength with sensation intact and equal. Hoffman's sign was negative bilaterally. There was no tenderness over the cervical paraspinals. Cervical spine range of motion was within normal limits. She had full range of motion of right shoulder without pain. Current medication was Aleve (over the counter). Diagnoses included cervical post laminectomy syndrome, low back pain, shoulder pain, wrist pain, numbness and chronic pain syndrome. Work status was documented as working part time. The provider requested Flexeril 7.5 mg tab # 60 one by mouth twice daily as needed for muscle spasms. On 12/18/2014 Utilization Review recommended partial certification for Flexeril 7.5 mg # 60 noting long term use of muscle relaxants is not supported by CA MTUS. Therefore, recommend partial certification of Flexeril 7.5 mg # 20 as long term use is not supported. ODG and MTUS were cited. On 01/06/2015 the injured worker submitted an application for IMR review of the requested Flexeril 7.5 mg # 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril).

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. The UR modified to #20 to be in compliance with the guidelines, which is reasonable. As such, the request for Flexeril 7.5 mg #60 is not medically necessary.