

<b>Case Number:</b>	CM15-0003238		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/03/2005
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Emergency 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 35 year old female who sustained an industrial injury reported on 5/3/2005. She has reported right ankle and foot pain with paresthesia and loss of sensation, anxiety, depression, insomnia, nausea and diarrhea. The diagnoses have included complex regional pain syndrome; right ankle and foot neuropathic pain; sympathetic mediated pain; chronic pain; allodynia; long-term current use of medications and drug monitoring. Treatments to date have included consultations; multiple diagnostic imaging studies; surgical implant of a pain stimulator (9/2013) and removal of the stimulator and leads (10/23/14); injection therapy; physical therapy; transcutaneous electrical stimulation unit; and medication management. The injured worker was noted to be classified as having been returned to work on restricted duties. On 12/10/2014 Utilization Review non-certified, for medical necessity, the request for Flexeril 7.5mg #30 stating that Flexeril had been noted modified in previous requests for the purpose of weaning and to complete tapering. The Medical Treatment Utilization Schedule for chronic pain medical treatment pain and muscle relaxant Guidelines was cited. The 12/3/2014 evaluation notes show a discussion of tapering of medications status-post removal of the pain stimulator unit. The treatment plan noted prescribing Flexeril as an anti-spasmodic to decrease spasms; noting Flexeril 7.5mg twice a day, #60, to as needed #20, to #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, MusCA MTUS Chronic Pain Treatment Guidelines, Muscle.

**Decision rationale:** The requested Flexeril 7.5 mg, QTY # 30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented that the injured worker is s/p removal of a pain stimulator unit. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5 mg, QTY # 30 is not medically necessary.