

<b>Case Number:</b>	CM15-0130105		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/01/1999
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: 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 61 year old female who sustained an industrial injury on March 1, 1999. She has reported pain to multiple body parts and has been diagnosed with intractable lumbar pain, lumbar radiculopathy, diffuse chronic myofascial pain, history of total knee replacement on the right with chronic pain, history of left knee arthroscopy surgery with chronic pain, bilateral shoulder and elbow tendinosis, chronic cervical pain with radiculopathy, history of upper extremity fractures with ORIF history, and chronic headaches. Treatment has included injection, medications, physical therapy, surgery, and acupuncture. Physical examination noted no signs of sedation. She was alert and oriented. Gait was antalgic and she was using a cane for ambulation. There was a brace on the right knee. The treatment request included Flexeril 10 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril mg #60, 1 every 12 hours with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

**Decision rationale:** The patient presents with low back, knee, neck and upper extremity pain as well as chronic headaches. The request is for Flexeril mg #60, I every 12 hours with 5 Refills. The request for authorization is dated 05/21/15. Patient is status post caudal epidural steroid injection, 12/19/14. CT scan of the right knee, 03/09/15, shows prominent metallic opacity about knee compatible with history of arthroplasty and patellar components with prominent beam hardening and streak effects limiting evaluation, soft tissue prominence and possible swelling about the knee. EMG/NCS of the lower extremities, 03/16/15, shows normal study. MRI of the wrist, 05/22/15, shows severe arthrosis seen at the radiocarpal joint with subchondral irregularity and cystic change. MRI of the lumbar spine, 01/21/15, shows moderate to severe central canal stenosis at L4-L5 with bunching of the cauda equina nerve roots. Patient's medications include Percocet, Neurontin, Flexeril, Zomig, Prevacid, Amitiza and Senna. Per progress report dated 05/18/15, the patient is temporarily totally disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated 03/23/15, treater's reason for the request is "for stiffness and spasm in the neck and the low back." The patient has been prescribed Flexeril since at least 12/09/14. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Flexeril #60 with 5 refills would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.