

<b>Case Number:</b>	CM15-0138856		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/31/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 44 year old female who sustained an industrial injury on 08/31/2014 while as a waitress was entangled in a fight by patrons. The injured worker was diagnosed with posterior-traumatic temporomandibular joint dysfunction (TMJ), left medial upper incisor chip fracture, cervical spine sprain/strain and lumbar sprain/strain. Treatment to date has included diagnostic testing with cervical spine X-rays in February 2015, conservative measures, physical therapy, chiropractic therapy and medications. According to the primary treating physician's progress report on May 18, 2015, the injured worker was seen for medication refills. Examination dated March 16, 2015 noted the injured worker was experiencing neck pain radiating to the upper back and shoulder, low back pain with numbness of the knees, left jaw pain radiating to the teeth with associated swelling, facial pain with numbness and tingling and headaches. Examination at this visit demonstrated tenderness to palpation of the paracervical, right sternocleidomastoid, trapezius, levator scapulae and supraclavicular fossa muscles with full range of motion. Cranial nerves II-XII were intact with motor strength at 4/5 bilaterally. Deep tendon reflexes were normal. There was also slight tenderness to palpation at the left jaw line without crepitus or soft tissue swelling. Current medication is Motrin. Treatment plan consists of continuing with conservative measures, physical therapy, chiropractic therapy, neurology and dental evaluations and the current request for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66.

**Decision rationale:** The requested Flexeril 10mg #60 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 injured worker has neck pain radiating to the upper back and shoulder, low back pain with numbness of the knees, left jaw pain radiating to the teeth with associated swelling, facial pain with numbness and tingling and headaches. Examination at this visit demonstrated tenderness to palpation of the paracervical, right sternocleidomastoid, trapezius, levator scapulae and supraclavicular fossa muscles with full range of motion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg #60 is not medically necessary.