

<b>Case Number:</b>	CM15-0146986		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 56 year old female who sustained an industrial injury on 10-11-2012. She was in a car accident when she swerved hitting a hay bale in the middle of the road. She complains of neck pain with pain to both her arms and hands and has been diagnosed with cervical sprain, cervical radiculitis, cervical disc protrusion, myofascial pain, and moderate right carpal tunnel syndrome. Treatment has included medications, physical therapy, and chiropractic care. Examination of the cervical spine revealed cervical posture was noted to be well preserved with no splinting. There were stiffness and trigger areas on cervical paravertebrals, trapezius as well as occipital area. Flexion and extension was still restricted and painful at the extreme range. There was decreased sensory distribution at C5-6 on the right side. The treatment plan included Flexeril. The treatment request included Flexeril 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg 1 tablet at bedtime when necessary #60-2 months supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The patient presents on 07/08/15 with neck pain rated 8/10 which radiates into the bilateral upper extremities and associated numbness and tingling in the affected limbs. The patient's date of injury is 10/11/12. Patient has no documented surgical history directed at this complaint. The request is for FLEXERIL 10MG 1 TABLET AT BEDTIME WHEN NECESSARY #60 - 2 MONTHS SUPPLY. The RFA is dated 06/10/15. Physical examination dated 07/08/15 reveals painful and limited cervical range of motion on flexion and extension, and reduced sensation in the C5-C6 dermatomal distribution on the right side. The patient is currently prescribed Flexeril. Diagnostic imaging included lumbar MRI dated 11/13/14, significant findings include: "minimal degenerative changes throughout the thoracic spine facet degenerative changes throughout the entire lumbar spine moderate at all levels except mild on the right at L1-2." Per 07/08/15 progress note, patient is advised to return to work with modifications ASAP. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 12/17/14. Guidelines indicate that muscle relaxants such as Flexeril considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 60 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.