

<b>Case Number:</b>	CM15-0147840		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old female, who sustained an industrial injury on 10-1-13. The injured worker has complaints of pain in her jaw, neck, back and bilateral shoulders. The documentation noted that there is tenderness to palpation over the right suboccipital region, left suboccipital region, right upper cervical facets, left upper cervical facets, right mid cervical facets, left mid cervical facets, right lower cervical facets, left lower cervical facets, right trapezius spasm, left trapezius spasm, right scapula spasm and left scapula spasm. The upper extremity examination revealed there is decreased strength with right wrist extension and decreased grip strength right compared to left. The diagnoses have included disc degeneration not otherwise specified; cervical radiculitis and post-laminectomy syndrome, cervical region. Treatment to date has included C6 disc replacement in July 2014; two shoulder surgeries; ice treatment; physical therapy; transcutaneous electrical nerve stimulation unit; tylenol with codeine No. 3; neurontin; computerized tomography (CT) scan of the cervical spine on 5-19-15 showed status post anterior discectomy and interbody fusion at the C5-6 level which appears to be solidly fused through the center of the intervertebral spacer device and magnetic resonance imaging (MRI) of the cervical spine on 5-16-15 showed postsurgical changes seen at C5-6 level, there appears to be a 1 to 2 millimeter residual posterior endplate osteophyte ridge with small residual uncovertebral joint osteophytes, larger on the right, resulting in mild right and minimal left neural foraminal narrowing. The request was for flexeril 10mg #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

**Decision rationale:** Flexeril 10mg #60 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines as written. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril with 3 refills is not medically necessary.