

<b>Case Number:</b>	CM15-0148541		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	04/17/2002
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This injured worker is a 68-year-old male who reported an industrial injury on 4-17-2002. His diagnoses, and or impression, were noted to include advanced cervical spondylosis; Fibromyalgia with temporomandibular joint symptoms, generalized nociceptive tenderness and non-restorative sleep disorder; right shoulder rotator cuff repair; and generalized anxiety disorder. No current imaging studies were noted. His treatments were noted to include medication management with toxicology studies, and the weaning down of Flexeril. The progress notes of 6-19-2015 reported a severe increase in neck pain that was relieved by Flexeril, but caused excessive sedation; and that she had been evaluated by a dentist who provided a night splint for temporal-mandibular joint (TMJ) and bruxism. Objective findings were noted to include diffuse cervical spine tenderness with marked reduction in cervical spine range-of-motion, with stiffness, ankylosis, and severe discomfort. The physician's requests for treatments were noted to include the continuation the continued decrease in Flexeril for muscle spasm and sleep disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #30, 30-day supply, no refills (one PO Q HS, RX date 6/19/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 5mg #30, 30 day supply, no refills (one PO qhs prescription date June 19, 2015) is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are fibromyalgia; status post right shoulder rotator cuff repair; history of right thoracic outlet syndrome; generalized anxiety disorder; and cervical spondylosis. Date of injury is April 17, 2002. Request for authorization is June 25, 2015. The earliest progress note containing a Flexeril prescription is dated February 13, 2015. The treating provider prescribed Flexeril 10 mg at bedtime for muscle spasm and sleep. According to a June 19, 2015 progress note, subjectively the injured worker developed severe increase in neck pain. The treating provider continued Flexeril at bedtime, but Flexeril caused excessive sedation. Objectively, there is cervical spine stiffness. Flexeril is not indicated for insomnia sleep disorder. Flexeril is indicated for short-term (less than two weeks) of acute low back pain or short-term treatment of acute exacerbations of chronic low back pain. There is no documentation of ongoing acute or chronic back pain. Additionally, the treating provider prescribed Flexeril as far back as February 13, 2015. Notably, this is the earliest progress note and not the start date. The treating provider exceeded the recommended guidelines for short term use. Based on clinical documentation in the medical record, peer-reviewed evidence-based guidelines, treatment continued well in excess of the recommended guidelines for short-term use (at a minimum, four months) and no documentation of acute low back pain or an exacerbation of chronic low back pain, Flexeril 5mg #30, 30 day supply, no refills (one PO qhs prescription date June 19, 2015) is not medically necessary.