

<b>Case Number:</b>	CM15-0189122		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 40 year old female, who sustained an industrial-work injury on 12-28-11. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, chronic cervical strain, chronic pain syndrome, neck pain and bilateral shoulder pain. Medical records dated (4-2-15 to 8-6-15) indicate that the injured worker complains of pain in the neck and down the right arm with radicular type symptoms in the bilateral upper extremities. The physician indicates that the pain is unchanged from previous visits and pain control is no better. The work status is not noted. The physical exam dated from (4-2-15 to 8-6-15) reveals that the right upper extremity has full range of motion, and strength 4+ out of 5+. The physician indicates that the physical exam is unchanged. Treatment to date has included pain medication including Fexmid since at least 4-2-15, diagnostics, activity modifications, swimming, acupuncture, psyche care, physical therapy and other modalities. The current medications include Norco, Lorazepam, Zolpidem, Fexmid, Gabapentin and creams. The treating physician indicates that the urine drug test result dated 3-12-15 was consistent with the medication prescribed. The request for authorization date was 8-6-15 and requested service included Flexeril (Fexmid) 7.5mg #90. The original Utilization review dated 8-26-15 non-certified the request for Flexeril (Fexmid) 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril (Fexmid) 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The patient presents on 08/06/15 with unspecified illegible complaints. The handwritten progress note is poorly scanned and largely illegible. The subjective complaints appear to discuss patient's discontinued psychiatric treatment and the remaining portions are illegible. The patient's date of injury is 12/28/11. The request is for Flexeril (Fexmid) 7.5MG #90. The RFA is dated 08/06/15. Physical examination dated 08/06/15 reveals "Unchanged" findings. The patient is currently prescribed Norco, Lorazepam, Zolpidem, Fexmid, and Gabapentin. Patient's current work status is not provided. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)." This medication is not recommended to be used for longer than 2-3 weeks. 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 05/28/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 90 tablets in addition to prior use does not imply the intent to limit this medication to a 2-3 week duration. Therefore, the request is not medically necessary.