

<b>Case Number:</b>	CM15-0189378		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/17/2004
<b>Decision Date:</b>	11/10/2015	<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: 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 63 year old male, who sustained an industrial injury on 7-17-04. Current diagnoses or physician impression includes left ankle pain, lumbar sprain, cervical sprain and RSD (reflex sympathetic dystrophy) left foot. His work status is disabled, permanent and stationary. A note dated 7-2-15 reveals the injured worker presented with complaints of constant left ankle and foot pain as well as low back and neck pain described as deep and aches rated at 8-9 out of 10 with medications. The pain is increased with walking. He reports the pain interferes with sleep, appetite, physical activity, emotions, relationships and concentration. Physical examinations dated 6-2-15 - 7-2-15 revealed bilateral tenderness and spasms of the "cervical and trapezius muscles" and decreased cervical range of motion. The lumbar spine examination reveals bilateral tenderness and spasms of the "L3-L5 paraspinal muscles" and decreased range of motion. The left ankle reveals decreased range of motion, swelling and "allodynia left dorsal foot". Treatment to date has included psychotherapy, dorsal column stimulator and revision (did not help, per note dated 7-2-15) and the medications; Fenoprofen, Prilosec, Flexeril (for at least 10 months), Duragesic patch, Nuvigil, Tramadol, Lidocaine patches, Cymbalta, Narcosoft, Theramine, Sentra A.M. and Sentra P.M. Diagnostic studies to date have included MRI (2014). A request for authorization dated 8-13-15 for Flexeril 7.5 mg #30 (one tablet a day) is non-certified, per Utilization Review letter dated 8-26-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg 1/day #30: 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): Muscle relaxants (for pain).

**Decision rationale:** The requested Flexeril 7.5mg 1/day #30, 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 left ankle and foot pain as well as low back and neck pain described as deep aches rated at 8-9 out of 10 with medications. The pain is increased with walking. He reports the pain interferes with sleep, appetite, physical activity, emotions, relationships and concentration. Physical examinations dated 6-2-15 - 7-2-15 revealed bilateral tenderness and spasms of the "cervical and trapezius muscles" and decreased cervical range of motion. The lumbar spine examination reveals bilateral tenderness and spasms of the "L3-L5 paraspinal muscles" and decreased range of motion. The left ankle reveals decreased range of motion, swelling and "allodynia left dorsal foot". The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5mg 1/day #30 is not medically necessary.