

<b>Case Number:</b>	CM15-0203693		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 56 year old female who sustained an industrial injury on December 11, 2012. The worker is being treated for injury to neck, right arm and wrist, low back pain, anxiety, depression, insomnia, right shoulder sprain and strain, cervical spine strain and sprain rule out herniated disc with radiculitis and or radiculopathy, left hand strain and sprain rule out carpal tunnel syndrome, major depression. Subjective: August 12, 2014 right wrist, right arm, cervical spine, headache, chest pain with SOB, low back pain, anxiety, depression and insomnia. Objective: August 12, 2014 cervical spine with decreased lordosis, tightness, spasm, muscle guarding at trapezius, sternocleidomastoid and strap muscles; positive Spurling's bilaterally along with foramina compression testing. Shoulders with bilateral impingement: and bilateral tenderness of supraspinatus and infraspinatus. Lumbar spine with Lasegue's equivocal bilaterally and positive SLR eliciting pain in L5-S1 distribution. Medications: February 2013: Hydrocodone, Motrin, and Naproxen along with medications for muscle spasm and sleep. Diagnostic: February 2014 nerve conduction study, March 2014 radiography of right hand, and neck. Treatment: medications, physical therapy, acupuncture, activity modification, March 2014 underwent right CTR with additional post-procedure physical therapy, psychological care. An AME dated 7/13/15 stated that Cyclobenzaprine was one of the patient's current medications. On September 23, 2015 a request was made for Flexeril 10mg #40 that was noncertified by Utilization Review on September 30, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #40:** Upheld

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

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

**Decision rationale:** Flexeril 10mg #40 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation dated 7/13/15 indicates that the patient has already been on Cyclobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week MTUS recommended time period for this medication. The request for Flexeril is not medically necessary.