

<b>Case Number:</b>	CM15-0203981		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	11/30/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/07/2015
<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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on November 30, 2013, incurring multiple injuries from an assault. She was diagnosed with a left eyebrow laceration, cervicalgia, anxiety, excoriation of the face and multiple contusions. Treatment included home exercise program, physical therapy, psychological therapy, and work restrictions with modifications. Currently, the injured worker complained of left neck, shoulder and upper back pain and increased spasms. She was treated with muscle relaxants. She was noted to have palpable muscle spasms in the shoulder and cervical region radiating into the left upper extremity. She was ordered on Flexeril in January 2015. She used the muscle relaxants sparingly to relieve her discomfort and participate in her activities of daily living. She complained of frequent neck soreness and muscle tightness. The treatment plan that was requested for authorization included a prescription for Cyclobenzaprine-Flexeril 7.5 mg #90ms, #30. On October 7, 2015, a request for a prescription for Flexeril was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Flexeril 7.5mg, #90ms, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request is for Flexeril for acute muscle spasms. It has been prescribed since January 2015. MTUS Guidelines state that Flexeril is a muscle relaxant intended for short-term use (3-4 days) in cases of acute muscle spasm. Its maximum recommended use is 2-3 weeks. This patient has far exceeded recommended guidelines. The medical records do not provide any information of pain reduction or functional improvement secondary to the use of Flexeril. Therefore, the continued use of Flexeril is not medically necessary or appropriate.