

<b>Case Number:</b>	CM15-0020149		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Florida

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 32-year-old female, who sustained an industrial injury on September 12, 2012. The injured worker had reported neck, left shoulder, left arm and left hand pain. The diagnoses have included complex regional pain syndrome of the left upper extremity, severe left cervical sprain, left lateral epicondylitis and severe left shoulder capsulitis. Treatment to date has included medications, radiological studies and a trigger point injection. Current documentation dated November 20, 2014 notes that the injured worker complained of severe neck pain with intermittent spasms, left upper extremity pain and left hand pain. The injured worker reported permanent numbness of the left hand and forearm. Physical examination of the cervical spine revealed left sided tenderness and a decreased range of motion. Examination of the left shoulder, elbow and wrist revealed tenderness and a decreased range of motion. The injured workers left hand was noted to be cooler to touch with increased diaphoresis as compared to the right. The treating physician's recommended plan of care included the continuation of her current medications including Flexmid for the spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 10mg #60, bid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 67-68, 78, and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 100, 97 Page(s): Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Flexmid (Cyclobenzaprine) is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Flexmid is not medically necessary.