

<b>Case Number:</b>	CM15-0221160		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 50 year old female, who sustained an industrial injury on 4-19-2004. The injured worker is undergoing treatment for: bilateral carpal tunnel syndrome, migraine headaches, neck pain. On 9-16-15, she reported neck pain rated 8-8.5 out of 10. On 10-14-15, she reported neck pain with radiation into the right arm and associated numbness and tingling in the arms. She is noted to have started a functional restoration program. She indicated Flexeril was beneficial in reducing muscle spasms and myofascial pain by up to 70-75 percent. She is indicted to have better sleep with muscle spasms being managed. She indicted she is able to do household chores and cook due to taking medications. Objective findings revealed limited motion of cervical spine, tenderness in the neck and upper trapezius muscles, diminished sensation in the right upper extremity and weakness in the bilateral upper extremities. There is no discussion regarding hypertonicity or muscle spasm in the physical examination. The treatment and diagnostic testing to date has included: medications, TENS, cervical fusion (6-27-14), CURES (date unclear). Medications have included: Percocet, Flexeril, Sumatriptan, Voltaren gel, Duexis, Lidoderm patches, Colace, miralax. The functional improvement with the use of Flexeril is unclear. Current work status: unclear. The request for authorization is for: Flexeril 10mg quantity 20. The UR dated 10-15-2015: non-certified the request for Flexeril 10mg quantity 20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #20:** Upheld

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

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

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2004 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and unclear functional work status to support further use as the patient remains unchanged. The Flexeril 10 mg #20 is not medically necessary and appropriate.