

<b>Case Number:</b>	CM15-0044285		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	08/15/2002
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, 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 52 year old female, who sustained an industrial injury on August 15, 2002. She reported neck pain. The injured worker was diagnosed as having tension type headache unspecified, abnormality of gait, cervicgia and cervical spondylosis with myelopathy. Treatment to date has included surgery, medications, aqua therapy, chiropractic care, TENS unit, acupuncture, massage therapy, homeopathic therapy, nutritional counseling and cranial-sacral reflexology. On February 20, 2015, the injured worker complained of bilateral chronic neck pain described as moderate. She rated the pain as a 9 on a 1-10 pain scale. It is aggravated by physical activity and relieved by resting and medications. She also reported global weakness, specifically in the upper extremities with bilateral hand numbness. The treatment plan included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Flexeril, a non-sedating muscle relaxant, is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement with previous use of Flexeril. Therefore, the request for Flexeril 10mg QTY: 30 is not medically necessary.

**Ibuprofen 800 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Nonselective NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 800mg #60 is not medically necessary.