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| <b>Case Number:</b>   | CM15-0080767 |                              |            |
| <b>Date Assigned:</b> | 05/01/2015   | <b>Date of Injury:</b>       | 01/10/2002 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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:

This 71 year old man sustained an industrial injury on 1/10/2002. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 3/25/2015. Diagnoses include chronic back pain, right lower extremity neuropathic pain, and right shoulder adhesive capsulitis. Treatment has included oral and topical medications, surgical intervention, and use of a cane. Physician notes dated 4/56/2015 show complaints of worsening back pain with shooting pain down the right leg and right shoulder pain rated 8/10. Recommendations include Duragesic patch, Norco, Senokot, Colace, Flexeril, pain management consultation, epidural injection, possible neurosurgery consultation, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg Qty 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

**Decision rationale:** Flexeril 10mg Qty 45 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine since July of 2014. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril is not medically necessary.