

<b>Case Number:</b>	CM15-0083250		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 58 year old male who sustained an industrial injury on 1/8/10. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, cervical radiculopathy, spinal stenosis in cervical region and fibromyositis. Currently, the injured worker reported complaints of cervical and lumbar discomfort with associated left upper extremity radiculopathy. Previous treatments included injections, pain medications, application of heat and ice, rest, gentle stretching and exercise. Previous diagnostic studies included a magnetic resonance imaging (8/3/12) noting minimal disc bulging and osteophyte ridging at C3-4 and C4-5. The injured worker rated their pain at 5/10 with the use of pain medication and 10/10 without pain medication. Physical examination on 3/23/15 noted limited lumbar flexion, thoracic tenderness and spasm with palpation, cervical spasms and twitching as well as left upper extremity hypoesthesia. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

**Decision rationale:** The patient is a 58 year old male with an injury on 01/08/2010. He had neck and back pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.