

<b>Case Number:</b>	CM15-0086914		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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, Pain Management

### 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 53 year old female who sustained a work related injury May 10, 2010. Past history included GERD (gastroesophageal reflux disease), right wrist arthroscopy and debridement with resection distal ulnar October, 2013, right rotator cuff repair and decompression November, 2010, and smokes 1pk/day. According to a primary treating physician's progress report, dated March 26, 2015, the injured worker presented for complaints of neck pain, lower backache, and right upper extremity pain. Her pain has increased since her last visit. She rates the pain 5/10 with medication and 9/10 without medication. She is currently attending group aquatics, which have been helpful with mobility and also depression. Diagnoses are spasm of muscle; lumbar facet syndrome; spinal lumbar degenerative disc disease; gout with other manifestations; lumbar disc displacement without myelopathy; lateral epicondylitis. Treatment plan included continue with TENS unit, discussion and warning for the positive ETOH (alcohol reported by urine toxicology screen January, 2015) use in conjunction with narcotics/opiate medications. At issue, is the request for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.