

<b>Case Number:</b>	CM15-0089211		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 51 year old male injured worker suffered an industrial injury on 05/22/2003. The diagnoses included cervical disc herniations, cervical facet joint disease, traumatic brain injury, left carpal tunnel syndrome, major depression and migraine headaches. The diagnostics included cervical magnetic resonance imaging and electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with medications, cervical traction, Botox injections, and physical therapy. On 4/6/2015 the treating provider reported he responded well to the Botox injections for the migraine headaches. He reported no headaches since the injection and stated it helped the neck pain as well. The neck pain is constant but not as sharp and intense as before and radiated to the back of the left arm rated 3 to 4/10. He reported 40% improvement in pain with the medications. On exam the upper back muscles were much less tight with mild tenderness and limited range of motion. The treatment plan included Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants for the treatment of severe musculoskeletal pain be limited to short term periods of less than 4 weeks. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other pain medications. The records indicate that the patient had utilized Flexeril for prolonged periods. There is no documentation of compliance monitoring and functional restoration with utilization of Flexeril. The criteria for the use of Flexeril 10mg #45 was not met. Therefore the request is not medically necessary.