

<b>Case Number:</b>	CM14-0141662		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

49y/o female injured worker with date of injury 9/23/09 with related neck pain. Per progress report dated 7/14/14, the injured worker complained of neck pain with radiation into the left upper extremity. Cervical spine pain was rated 10/10 in intensity. The pain had no typical pattern but was described as a burning, sharp, pressure-like, throbbing, shooting pain with numbness, tingling, and weakness in the left upper extremity. Per physical exam, the motor strength in the left upper extremity was 4/5 with give-way weakness. She had decreased grip strength of the left hand. She had full range of motion of the bilateral shoulders, and cervical spine. She had pain with right flexion and right rotation at 80 degrees with radiating pain to the left upper extremity. The Spurling test was negative. There was tenderness over the left elbow, over the medial and lateral epicondyles. Sensation was decreased over the left C7-C6 dermatome to pinprick, light touch and temperature. Treatment to date has included right elbow carpal tunnel release (2009), left elbow De Quervain release (2010), left carpal tunnel release (2011), cortisone injections, autologous blood injection at the left elbow for epicondylitis, physical therapy, and medication management. The date of UR decision was 8/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30 1 tab at bedtime:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects."The documentation indicates that flexeril was in use, though it is not specified for how long or when it was started. As it is not recommended for long term use, the request is not supported. The patient is not being treated for an acute exacerbation of chronic low back pain, and the available physical exam findings did not document spasm. The request is not medically necessary.