

<b>Case Number:</b>	CM14-0159930		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 50-year-old male who reported injuries following a motor vehicle accident on 11/04/2009. On 08/21/2014, his diagnoses included lumbar radiculopathy, right shoulder sprain/strain status post-surgery, right shoulder pain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, and neuropathic pain. His complaints included neck, low back, and right shoulder pain. He rated his pain without medications at 6/10 and with medications at 4/10. He stated that his sleeping was getting worse. The rationale for the requested Flexeril was for muscle spasms and for the Sentra PM was for sleep. A Request for Authorization dated 08/21/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

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

**Decision rationale:** The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients

with low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation revealed that this worker has been using Flexeril since 12/12/2013, which exceeds the recommendations in the guidelines. Additionally, the request did not specify frequency of administration. Therefore, this request for Flexeril 10 mg #90 is not medically necessary.

**Sentra PM #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sentra PM, Pain, Medical food.

**Decision rationale:** Per the Official Disability Guidelines, Sentra PM is a medical food intended for use in the management of sleep disorders associated with depression. Medical foods are defined as food which is formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: The product must be a food for oral or tube feeding, the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, the product must be used under medical supervision. The guidelines do not support the use of this requested product. Additionally, there was no frequency of administration included with the request. Therefore, this request for Sentra PM #60 is not medically necessary.