

<b>Case Number:</b>	CM14-0096091		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 51 year old female who reported an injury on 02/12/2014. She reportedly suffered an injury while transferring a patient. The injured worker completed 8 visits of physical therapy for the spine and shoulder per the physical therapy progress note. She had X-rays on 04/08/2014 of the lumbosacral region, which were unremarkable and an X-ray of the cervical spine which showed anterior hypertrophic spurring with cervical spondylosis at C5-6 and C6-7 levels. As per the 05/13/2014 note, she had cervicothoracic spine myoligamentous sprain/strain, cervical degenerative disc disease C5-6 and C6-7, lumbar spine myoligamentous sprain/strain, bilateral shoulder strain, and a left elbow strain. It was reported that she continued to have neck pain, right shoulder pain, and low back pain. She was able to flex the neck to 20 degrees, however, it caused increased neck pain in the cervical paravertebral muscles. Extension was to 25 degrees, right lateral flexion was 10 degrees, left lateral flexion to 5 degrees, which all caused increased pain in the cervical paravertebral muscles. The range of motion of the elbows and shoulders were within normal ranges. Her medications included Naproxen 550mg taken twice daily as needed, and Flexeril 7.5mg to be taken every 8 hours as needed. The treatment plan was for Flexeril 7.5mg #90. The rationale for the request and authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #90 QTY: 1.00:** Upheld

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

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

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy, as limited, mixed evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment, which suggest shorter courses may be more beneficial, and it is not recommended that the medication be used for longer than 2-3 weeks. As noted the injured worker reportedly sustained a work related injury on 02/12/2014. She reported neck, shoulder, and low back pain and was prescribed Flexeril on the date of injury. It was reported throughout all the clinical notes that she continued to take Flexeril, however, documentation failed to show the efficacy of the medication. Furthermore, the request does not provide sufficient detail for the frequency of the medication. In addition, the medication is to be used for a recommended time frame of up to 3 weeks. Documentation provided reported the injured worker has been taking the medication since the date of injury with unknown benefits. As such, the request is not medically necessary.