

<b>Case Number:</b>	CM14-0203270		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Interventional spine 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 patient is a 55 year old male with an injury date on 11/28/2007. Based on the 10/30/2014 progress report provided by the treating physician, the diagnoses are:1. Chronic Myofascial Pain Syndrome, Cervical and Thoracolumbar Spine Moderate-To-Severe2. Moderate Right Carpal Tunnel Syndrome3. Mild Right L5 RadiculopathyAccording to this report, the patient complains of "frequent headaches that have varied from 5-8/10 on a pain scale" and "constant lower back pain that has varied from 8-9/10 on a pain scale." Physical exam reveals ranges of motion of the thoracic and lumbar spine were moderately restricted. Multiple myofascial trigger points and taut bands noted throughout the cervical/ thoracic/ lumbar paraspinal, trapezius, levator scapulae, scalene, and infraspinatus muscles. Neck Compression test was positive. "Sensation to fine touch and pinprick was decreased in almost all digits of both hands, as well as in the lateral aspect of the left calf area." Grip strength was decreased in the right and left hand at +4/5. The Brachioradialis and bicep reflexes were both absent bilaterally.Treatment to date includes trigger point injections with greater than 50% improvement. The treatment plan is awaiting for LESI approval, refill medications, and follow up visit in 6 weeks. The patient's work status is "Deferred to primary treating physician." The utilization review denied the request for Flexeril 10 mg #90 on11/20/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 12/19/2013 to 12/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #90:** Upheld

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

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

**Decision rationale:** According to the 10/30/2014 report, this patient presents with frequent headaches and constant lower back pain. The current request is for Flexeril 10 mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicates this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Flexeril #90 and this medication was first noted in the 09/18/2014 report. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.