

<b>Case Number:</b>	CM15-0113687		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 41 year old female who sustained an industrial injury on 08/01/2012. The injured worker was diagnosed with cervical and lumbar strain, myofascial pain syndrome and lumbosacral radiculopathy. Treatment to date has included diagnostic testing with recent cervical and lumbar spine magnetic resonance imaging (MRI) in December 2014, trigger point injections, multiple epidural steroid injections, lumbosacral transforaminal epidural steroid injection to the right L4, left L5 and right S1 on February 27, 2015, physical therapy and medications. According to the primary treating physician's progress report on May 26, 2015, the injured worker continues to experience pain of the bilateral shoulders, lumbar and cervical spine. The injured worker reports some numbness to the right leg. Examination of the shoulder demonstrated decreased range of motion by 10% in all planes, bilateral shoulder impingement, trigger points at the trapezius and negative Spurling's test. The examination of the lumbar spine noted decreased range of motion with positive right straight leg raise and spasm of the right lumbar paraspinal muscles. The injured worker received 4 trigger point injections to the trapezius, rhomboid and paracervical muscles at the office visit. Current medications are listed as Celebrex, Neurontin, Flexeril and Omeprazole. Treatment plan consists of starting acupuncture therapy and the current request for Flexeril renewal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-66.

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

**Decision rationale:** CA MTUS states that anti-spasmodic muscle relaxants are used to decrease muscle spasms in conditions such as low back pain. Flexeril is recommended for short-term use only. It is a skeletal muscle relaxant and CNS depressant. The greatest effect of treatment appears to be in the first 4 days of use. In this case, the patient has documented muscle spasms on examination; however there is no documentation of functional improvement from previous use of Flexeril. Therefore long-term use of this medication is not medically necessary base on the reasons noted above.