

<b>Case Number:</b>	CM15-0123703		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: 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 58 year old male, who sustained an industrial injury on February 9, 2013. Treatment to date has included diagnostic imaging, physical therapy, home exercise program, anti-inflammatory medications, heat/ice therapy, chiropractic therapy, acupuncture, TENS unit and facet injections. Currently, the injured worker complains of neck pain, right ankle pain, left shoulder pain, low back pain, right knee pain and paresthesias in the left hand. On physical examination the injured worker reports tenderness to palpation in the cervical paravertebral muscles and upper trapezius region on the left. He has increased pain in the cervical paravertebral muscles with cervical range of motion. He has increased pain with thoracic spine range of motion and his bilateral upper extremities muscle tone and strength are within normal limits. He has intact sensation in the bilateral upper extremities and has weakness noted in the left rotator cuff. He reports pain with palpation over the left subacromial bursa and subdeltoid bursa. He has a positive left impingent sign and Hawkins test. His bilateral shoulder range of motion is limited. Examination of the bilateral elbows was within normal limits and he had mildly positive Phalen's sign and carpal tunnel compression test on the left. His bilateral wrist range of motion was normal. He ambulates with a normal gait and has normal lumbar lordosis. The injured worker reports tenderness to palpation over the paravertebral muscles and in the right left sacroiliac joints. His straight leg raise test is negative bilaterally and he has increased low back pain with lumbar extension and flexion. He has limited range of motion of the bilateral knees. His right knee exhibits medial joint line tenderness, positive McMurray's, positive Slocum and positive patella compression test. The diagnoses associated with the request include cervical

spine myofascial sprain/strain, cervical spondylosis, cervical radiculitis, lumbar spine myofascial sprain/strain, lumbar spondylosis, left shoulder impingement syndrome, early degenerative joint disease of the right knee, carpal tunnel syndrome of the left hand and right ankle sprain. The treatment plan includes intraarticular corticosteroid injection, pain management follow-up, home exercise program, physical therapy and continued Flexeril.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril Tab 10 MG #60 for 30 Days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.