

<b>Case Number:</b>	CM15-0123795		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 57 year old female, who sustained an industrial injury on August 21, 2001. Treatment to date has included oral pain medications, topical pain medications, heat therapy, TENS unit, home exercise program, physical therapy and injections. Currently, the injured worker complains of continued neck pain, low back and aching in the bilateral shoulders, wrists and ankles. She describes the pain as aching and tingling in the neck and low back, aching in her shoulders wrists and ankles and associated numbness and stabbing in the wrists and feet. She rates her pain a 5 on a 10-point scale and notes that the pain is worse with sitting, standing, bending and lifting. Her pain is relieved with lying down, medications, injections, heat and physical therapy. She reports that her medications allow her to complete her activities of daily living such as clearing her home. Her current medications include Amitriptyline, Cyclobenzaprine, docusate sodium, rabeprazole, Diclofenac, Tramadol and lidocaine patch. The diagnoses associated with the request include degeneration of the cervical intervertebral disc, carpal tunnel syndrome, muscle pain, lumbar degenerative disc disease, lumbar and cervical radiculopathy and chronic pain syndrome. The treatment plan includes continued use of TENS unit, home exercise and physical therapy, and continued Elavil, Flexeril, and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60 with 2 refills: Upheld**

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

**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.