MAXIMUS Federal Services

| Case Number: | CM15-0123830 | | |
|---|---|---|---|
| Date Assigned: | 07/08/2015 | Date of Injury: | 04/08/2014 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 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: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 50-year-old male who sustained an industrial injury on 4/8/14. He had complaints of pain in his neck, bilateral shoulders and right elbow. Progress note dated 6/3/15 reports symptoms of right golfer's elbow, frozen shoulders, right upper limb and has recurrence of pain to his left buttock and low back. He has taken flexeril in the past, which helped, along with daily stretching and an exercise program. Plan of care includes: continue exercise program along with exercises shown today, prescription given for flexeril to be utilized sparingly. Work status: currently working, at next visit would consider him to be permanent and stationary. Follow up in 6 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg, 35 count with one refill:** Overturned

**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): 64.

**Decision rationale:** MTUS Guidelines do not support long-term full dosing use of muscle relaxants on a long-term basis (greater than 2 weeks). However, the Guidelines do not support the short-term use for flare-ups on an intermittent basis. This appears to be the intent of this prescription. Past benefits are noted and recommended dosing is at or less than 1/3 full dosing use. Under these circumstances, the Flexeril 10 mg, 35 count with one refill is medically necessary. If use accelerates and/or there is lack of benefits with this prescription, this can be re-reviewed for continued consistency with Guidelines.