

<b>Case Number:</b>	CM15-0040069		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	10/26/2007
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 a work related injury on October 26, 2007, incurring neck and back injuries while working as a waitress. She was diagnosed with lumbago with radiculopathy, cervicgia, and carpal tunnel syndrome. Treatment included pain medications, chiropractic treatment, muscle relaxants and home exercise program. She underwent a surgical carpal tunnel release. Currently, the injured worker complained of ongoing, chronic neck and back pain radiating down into the left leg and numbness in both hands. Magnetic Resonance Imaging (MRI) revealed lumbar disc herniation and discogenic pain. She was also diagnosed with cervical sprain, lumbar sprain and status post right carpal tunnel release. Treatments included physical therapy, muscle relaxants and pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

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

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

**Decision rationale:** The patient presents with neck and back pain, radiating down the back of her left extremity, rated 4-8/10 with medications and 10 without. The request is for FLEXERIL 10 MG # 30. Physical examination to the lumbar spine on 01/22/15 revealed muscle spasm at the lumbar trunk. Range of motion was decreased in all planes. Patient's diagnosis per 02/19/15 progress report include low back pain with lumbar sprain/strain MRI revealing disc herniation at L4-L5 and L5-S1, cervical sprain/strain with severe spondylosis per MRI with disc herniation at C6-C7 EMG revealing bilateral radiculopathy from C6 nerve root compression with ongoing carpal tunnel syndrome in both hands, carpal tunnel release, right hand, with ongoing symptoms, and dyspepsia from medications, stable with Dexilant. Per 12/08/14 progress report, patient's medications include Nucynta, Ibuprofen, Dexilant, and Flexeril. Patient's work status was not specified. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater has not provided a reason for the request. Patient has received prescriptions for Flexeril from 09/10/14 and 02/19/15. MTUS Guidelines do not recommend use of Flexeril for longer than 2 to 3 weeks. The treater does not indicate that this medication is used for short-term and the patient has been on this medication for a number of months. Therefore, the request IS NOT medically necessary.