

<b>Case Number:</b>	CM15-0064812		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 41-year-old female sustained an industrial injury to the right foot on 6/25/09. The injured worker later developed ongoing neck pain. Previous treatment included magnetic resonance imaging, physical therapy, ice and medications. On 2/11/15, the injured worker underwent triple ankle arthrodesis with Achilles tendon lengthening. In a PR-2 dated 3/8/15, the injured worker, the injured worker complained of ongoing neck and right lower extremity pain. The injured worker was exhibiting with severe spasms in the right calf region but could not remove the right lower extremity splint except for wound care. The injured worker was not due to start postoperative physical therapy for two months. Current diagnoses included chronic right foot pain, right foot osteoarthritis, right foot myofascial pain syndrome, pain disorder with psychological component due to a general medical condition, insomnia, cervical spine spondylosis and cervical spine degenerative disc disease. The treatment plan included a behavioral medicine consultation and medications (Fentanyl patch, Norco, Imitrex, Floricet and Topamax) and a trial of Flexeril for muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg 1/2-1 tab every 6 hours #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg 1/2 to 1 tablet every six hours #30 with three refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic right foot pain, osteoarthritis/nerve pain; chronic right foot pain myofascial pain syndrome; pain disorder; insomnia; chronic neck pain, degenerative cervical spondylosis; and chronic headache. According to a March 8, 2015 progress note by a pain management specialist, the treating provider prescribed a trial of Flexeril for muscle spasm involving the calf. Current medications include fentanyl patch 25 mg; fentanyl patch 12 mg; Norco 10/325 mg; Imitrex 50 mg; Fioricet; and Topamax. Flexeril is indicated for short-term treatment (less than two weeks of acute low back pain or an acute exacerbation in chronic low back pain. There is no exacerbation of low back pain documented in the medical record. Moreover, Flexeril is indicated for short-term (less than two weeks). The requesting physician ordered Flexeril 10 mg 1/2 to 1 tablet every six hours #30 with 3 refills. This is a four-month supply taking into account the refills. This is in excess of the recommended guidelines for short-term use (less than two weeks). Consequently, absent compelling clinical documentation and exceeding the recommended guidelines for short-term use (less than two weeks), Flexeril 10 mg 1/2 to 1 tablet every six hours #30 with three refills is not medically necessary.