

<b>Case Number:</b>	CM15-0065594		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	05/01/2002
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 56 year old male, who sustained an industrial injury on May 1, 2002 while working as a welder. The injury occurred when the injured worker and a coworker were carrying a heavy piece of metal and the coworker slipped and let go of the metal. The injured worker tried to keep the metal from falling and experienced pain in both shoulders. The injured worker has been treated for neck, bilateral shoulder, bilateral upper extremity and bilateral lower extremity complaints. The diagnoses have included impingement syndrome of the bilateral shoulder, cervical spine displacement, cervical strain, cervical radiculitis, cervical stenosis, complex regional pain syndrome of the left leg, epicondylitis of the elbow and bilateral carpal tunnel syndrome and ulnar nerve compression. Treatments and investigations to date has included medications, radiological studies, electrodiagnostic studies, injections, physical therapy, H-wave unit, a home exercise program, a cervical fusion and bilateral shoulder surgery. Current documentation dated March 10, 2015 notes that the injured worker reported low back pain with radiation to the left leg and foot with associated burning. The pain was rated a four out of ten on the visual analogue scale with medications. Examination of the cervical spine revealed a decreased sensation in the arm and forearm in the cervical six distribution to the thumb. A Spurling's test was noted to be positive. Left leg examination revealed increased sensitivity, discoloration, swelling and negative hyperhidrosis. The medications listed are Norco, Neurontin and Flexeril. The treating physician's plan of care included a request for the medication Flexeril 10 mg # 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg, Qty 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records show that the patient had utilized Flexeril since 2013, longer than the guidelines recommended maximum period of 4 weeks. There is concurrent utilization of opioids and other sedative medications. The criteria for the use of Flexeril 10mg #90 was not met and the request is not medically necessary.