

<b>Case Number:</b>	CM15-0068033		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 32-year-old woman sustained an industrial injury on 3/6/2009. The mechanism of injury is not detailed. Diagnoses include chronic cervical strain with bilateral chronic trapezial strain, acute lumbar spine strain, worsening lumbosacral strain, chronic bilateral knee strain, bilateral carpal tunnel syndrome, bilateral feet swelling and pain, multiple myofascial overuse syndrome, sleep disorder, headaches, and anxiety. Treatment has included oral medications and TENS unit. Physician notes on a PR-2 dated 12/20/2014 show complaints of neck, low back, bilateral knee and foot pain rated 5/10. Recommendations include epidural steroid injection, obtain full psych report, discontinue TENS unit, weight loss program, urine drug screen, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril tab 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 32 year old female has complained of neck pain, knee pain, wrist pain and low back pain since date of injury 3/6/09. She has been treated with TENS unit, physical therapy and medications to include Flexeril since at least 10/2014. The current request is for Flexeril. Per the MTUS guidelines cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not medically necessary for this patient.