

<b>Case Number:</b>	CM15-0077877		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 3/1/04. The injured worker has complaints of right and left wrist, left elbow, left shoulder, left knee, neck and mid back. The diagnoses have included discogenic cervical condition with facet inflammation; impingement syndrome of the shoulder on the left status post decompression and labral repair; mid back sprain and carpal tunnel syndrome bilaterally. Treatment to date has included nerve studies of the upper extremities have shown residual carpal tunnel syndrome multiple times; electromyography studies have recovered to normal with his surgery; hot and cold wrap; custom brace; knee brace; magnetic resonance imaging (MRI) of the cervical spine showed one small multiple posterior bulging discs with annular tears, no spinal canal stenosis was present, right neural foraminal narrowing was present at C3-4, early multilevel joint fact osteoarthritis, tenderness along the neck was noted with positive facet loading and magnetic resonance imaging (MRI) of the neck in October 2014 showed multiple bulges and right foraminal narrowing. The request was for (1) prescription of flexeril 7.5mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Flexeril 7.5mg, #60: Upheld**

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

**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 7.5 mg #60 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 discogenic cervical condition with facet inflammation; impingement syndrome left shoulder status post decompression and labral repair; mid back sprain; cubital tunnel syndrome left status post transposition; carpal tunnel syndrome bilaterally status post decompression with infection on the left requiring multiple interventions; internal derangement left knee (surgery pending); depression; and wrist pain with MRI showing scapholunate ligament injury. The date of injury is March 1, 2004. The earliest progress note is dated October 16th 2012. The documentation shows the treating provider prescribed Flexeril 7.5 mg as far back as October 16, 2012. The most recent progress note dated April 1, 2015 (request for authorization same date) states the injured worker has multiple subjective complaints and continues to Flexeril 7.5 mg. Objectively, there is a cursory physical examination referencing the left knee and right wrist. There is no examination of the lumbar spine. Muscle relaxants are recommended for short-term treatment of acute exacerbations in chronic low back pain. There is no documentation of an acute exacerbation of chronic low back pain. Additionally, muscle relaxants are indicated for short-term (less than two weeks). The treating provider prescribed Flexeril in excess of 2.5 years. There is no documentation indicating objective functional improvement with ongoing Flexeril to support ongoing Flexeril use. Consequently, absent clinical documentation with objective functional improvement to support Flexeril 7.5 mg in excess of the recommended guidelines for short-term (less than two weeks) and continuing treatment in excess of 2.5 years, Flexeril 7.5 mg #60 is not medically necessary.