

<b>Case Number:</b>	CM15-0093596		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	04/02/1998
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Preventive Medicine, Occupational 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 71 year old female, who sustained an industrial injury on 4/2/98. The diagnoses have included cervical discopathy with radiculopathy, bilateral upper extremity tendinopathy, and lumbar disc herniation with sciatica, gastrointestinal disturbance and psychiatric complaints. Treatment to date has included medications, activity modifications, work restrictions, diagnostics, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 1/12/15, the injured worker complains of ongoing neck and low back aching pain rated 7/10 on pain scale and increased pain with the cold weather. The objective findings reveal slightly antalgic gait and she uses a cane for ambulation. The toe heel walk is painful. Physical exam of the cervical spine reveals mild torticollis, positive head compression sign, positive Spurling's maneuver, tenderness and muscle spasm with range of motion bilaterally, and pain with scapular retraction and the bilateral scapula has swelling/inflammation. The cervical range of motion is decreased with pain noted. The biceps and triceps reflex is diminished bilaterally, there is marked weakness of hand grip strength in the left, and there is spotty decreased sensibility in the C5 and C6 distributions. The lumbar spine exam reveals tenderness, sacroiliac joint symptomology, decreased range of motion with pain and mild sciatic stretch bilaterally. The current medications included Gabapentin, Diclofenac, Metaxalone and Pantoprazole which she states are beneficial. She is not working or attending any therapy at this time. The urine drug screen dated 10/24/14 was consistent with the medications prescribed. The physician requested treatment included Flexeril 10MG #90 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Med rx 3/6/15 Flexeril 10mg #90 refill: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** MTUS Guidelines are very specific regarding the recommended use of Flexeril. It is recommended for intermittent short term use (3 weeks or less) for distinct flare-ups. Daily chronic use is not supported by the Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The rx 3/6/15 Flexeril 100mg. #90 3 refills is not medically necessary and appropriate.