

<b>Case Number:</b>	CM14-0111913		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 53 year old female, who sustained an industrial injury on 09-15-2005. She has reported injury to the neck, right shoulder, and low back. The diagnoses have included cervical disc degeneration; cervical radiculopathy; joint pain, shoulder; chronic back pain; lumbar facet syndrome; and spasm of muscle. Treatment to date has included medications, diagnostics, injections, and physical therapy. Medications have included Percocet, Lidoderm Patch, Celebrex, Lyrica, and Soma. A progress report from the treating physician, dated 06-24-2014, documented an evaluation with the injured worker. The injured worker reported neck pain and lower backache; the pain level has remained unchanged since the last visit; no new problems or side effects; quality of sleep is fair; her activity level has decreased; she is complaining of increased neck spasms; and she is not currently working. Objective findings included "she appears to be in mild pain"; she has a global antalgic gait; she has a slow, stooped gait; cervical spine range of motion is restricted and limited by pain; tenderness and tight muscle band is noted on both the sides of the cervical paravertebral muscles; tenderness is noted at the paracervical muscles and trapezius; Spurling's maneuver causes pain in the muscles of the neck, but no radicular symptoms; lumbar spine range of motion is restricted and limited by pain; on palpation, paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band is noted on the right side; lumbar facet loading is positive on the right side; straight leg raising test is positive on the both sides; and tenderness is noted over the posterior iliac spine on the right side. The treatment plan has included the request for Flexeril 10mg, #30. The original utilization review, dated 07-11-2014, non-certified a request for Flexeril 10mg, #30, as the request exceeds

the recommended time frame of 2 to 3 weeks for usage for this medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.