

Case Number:	CM13-0061682		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2001
Decision Date:	05/16/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old female who reported an injury on 08/19/2001. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, cervical medial branch blocks at the C3-4, C4-5, C5-6 facet joints, and multiple medications. The injured worker ultimately underwent left cervical radiofrequency ablation. It was documented that the injured worker had an improvement in neck pain and increase in range of motion. The injured worker was evaluated on 11/11/2013. Physical findings included decreased tenderness to the left cervical joint, tenderness to the right cervical joints, right cervical pain with extension and rotation. The injured worker's treatment plan included trigger point injections, a diagnostic medial branch block to the right cervical facet joints of the C3-4 and C4-5 and continuation of medications to include Tramadol ER, Tramadol 50 mg, ibuprofen 800 mg, and Flexeril 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG, QUANTITY 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 Muscle Relaxants Page(s): 63.

Decision rationale: The requested Flexeril 10 mg quantity 90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 11/2012. California Medical Treatment Utilization Schedule recommends muscle relaxants be used for treatment durations not to exceed 4 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any evidence that the injured worker is experiencing an acute exacerbation of chronic pain. Additionally, as the injured worker has been on this medication for an extended duration, continued use would not be supported. Also, the request as it is submitted did not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 10 mg quantity 90 is not medically necessary or appropriate.