

Case Number:	CM14-0169986		
Date Assigned:	10/20/2014	Date of Injury:	03/16/2010
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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:

This is a 48-year-old female with a 3/16/10 date of injury. The mechanism of injury occurred when her supervisor came from behind and tapped her on the head and she was moving boxes all day. According to a progress report dated 7/21/14, the patient was seen for a routine follow-up. She reported 3 episodes of Bell's palsy since last office visit and also complained of syncope. Objective findings: cervical spine MRI (2/20/14) stable, no change since last study. Diagnostic impression: neck sprain and strain. Treatment to date: medication management, activity modification. A UR decision dated 9/19/14 denied the request for Flexeril. There has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Moreover, the dose as written is subtherapeutic; it is not designed as a sleeping pill. Also, it is being used with other agents, which also is not clinically supported in the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Page(s): 41-42.

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, in the present case, it is unclear how long the patient has been taking Flexeril. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Flexeril 5mg #30 was not medically necessary.