

Case Number:	CM14-0040299		
Date Assigned:	06/27/2014	Date of Injury:	07/17/2000
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 7/17/2000. A utilization review dated 4/3/14 recommended non certification for the requested Flexeril prescription, stating there were no medical records indicating why this patient would need this particular medication on a chronic basis. A progress report dated 3/21/14 states that the patient had improvement of right sided neck pain but complained of worsening left sided neck pain and continued to have pain in the neck radiating to both upper extremities. Objective findings showed scars from previous neck and shoulder surgeries with discrete tenderness on palpation to trigger points over the neck, posterior shoulder and upper extremities with evidence of muscle twitch points. Diagnosis of status post cervical fusion, bilateral rotator cuff syndrome with right frozen shoulder, myofascial pain syndrome, depression and chronic pain syndrome were indicated at that time. Treatment plan stated that the patient was given several trigger point injections during that visit, continued myofascial therapy sessions were recommended as well as continuation of Flexeril, Lyrica and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants-Cyclobenzaprine; Cyclobenzaprine (Flexeril) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.