

Case Number:	CM14-0049162		
Date Assigned:	06/25/2014	Date of Injury:	04/19/2004
Decision Date:	07/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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 and is licensed to practice in Minnesota. 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 52-year-old male who reported an injury on 04/19/2004. The mechanism of injury was not provided. On 06/05/2014, the injured worker presented with neck and bilateral upper extremity pain. Current medication includes ibuprofen, Neurontin, Senokot, Nexium, Opana ER, Flexeril, Norco, albuterol, and Lisinopril. The diagnoses were multilevel cervical disc disease with bilateral radiculopathy, left wrist arthroplasty, left wrist carpal tunnel syndrome, left shoulder arthroplasty, reactive sleep disturbance, and reactive depression. Prior therapy included gym membership with pool access and spinal cord stimulation. Upon examination of the cervical spine, there was restricted range of motion with pain, spasm and tenderness bilaterally, and a positive Spurling's. The right wrist had a positive Phalen's sign and the left wrist had a positive Tinel's sign. There was a light touch sensation decreased over the medial hand on both sides, and sensation to pinprick is decreased over the medial hand on both sides. The provider recommended Flexeril 10 mg with a quantity of 60. The provider's rationale was not provided. The request for medical necessity form was dated on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60: Upheld

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

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

Decision rationale: The request for Flexeril 10 mg, #60 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The documents state that the injured worker has been prescribed Flexeril since at least 02/2014. The efficacy of the medication was not provided. The provider's request for Flexeril did not indicate the frequency of the medication. As such, the request for Flexeril 10 mg, #60 is not medically necessary.