

Case Number:	CM14-0074380		
Date Assigned:	07/16/2014	Date of Injury:	04/17/2012
Decision Date:	08/27/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, 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 case involves a 60 year old female with date of injury of 04/17/2012. The request for authorization dated 04/29/2014 is Flexeril 7.5mg #60. The subjective findings are aching pain in neck, low back, head, and wrists, pain 8/10 without medications and 4/10 with medications. The objective findings include 5-/5 bilateral upper extremity strength with giveaway weakness, sensation intact and equal, Spurling's sign negative, and tenderness over cervical paraspinals and trapezius, as well as cervical range of motion reduced in all planes. The injured worker's diagnosis includes chronic pain, lumbar facet arthropathy, neck pain, arthropathy of cervical facet joint, bursitis of shoulder, depression, myofascial pain, thoracic or lumbosacral neuritis or radiculitis, unspecified, cervical radicular pain, and fibromyalgia. The injured worker has been treated with medications such as Flexeril since at least 08/01/2013. There is no documentation of acute muscle spasm, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions. Furthermore, there is no documentation of increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic pain, lumbar facet arthropathy, neck pain, arthropathy of cervical facet joint, bursitis of shoulder, depression, myofascial pain, thoracic or lumbosacral neuritis or radiculitis, unspecified, cervical radicular pain, and fibromyalgia. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 8/1/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, despite documentation of pain 8/10 without medications and 4/10 with medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg #60 is not medically necessary.