

Case Number:	CM14-0076097		
Date Assigned:	07/16/2014	Date of Injury:	05/24/2012
Decision Date:	08/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 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:

The injured worker is a 42-year-old male who reported an injury on 05/24/2012. The mechanism of injury occurred due to cumulative trauma. The injured worker had a history of wrist, neck, and low back pain. Upon examination on 04/14/2014, the injured worker complained of pain to the wrist, neck, and low back. Medications were helpful and well tolerated. The pain in his neck and traps was described as aching, burning, and stabbing. The pain in his back was burning and stabbing in his posterior right thigh and numbness with pins and needles in his wrist. The pain was worse sitting, standing, walking, bending, lying down and lifting. The pain was better with lying down, chiropractic therapy, massage therapy, and medications. The injured worker's pain was moderate to severe in intensity. Pain rated 8/10 without medications and 7/10 to 8/10 with medications. Upon examination, there was tenderness over the cervical paraspinals with spasm in the facet joints. The spinal range of motion was reduced in all planes due to increased pain and stiffness. There was a positive Tinel's sign bilaterally. Urine toxicology screening was done. The provider stated that the clinical history, physical exam and imaging and diagnostic studies suggest the injured worker's pain was a combination of nociceptive and neuropathic pain. The injured worker had a diagnosis of cervical sprain, neck pain, thoracic sprain, cervical facet pain, cervical radiculitis, back pain, lateral epicondylitis, and lumbosacral ligament sprain. Diagnostic studies include a cervical MRI on 10/11/2013 and a bilateral upper extremity electromyogram /nerve conduction velocity, which showed mild bilateral carpal tunnel syndrome. There was no evidence of right or left ulnar neuropathy, bilateral plexopathy, cervical radiculopathy, or peripheral neuropathy. Prior treatments include massage therapy, chiropractic therapy, physical therapy, medication regimen, and urine drug screen. Medication list included Nucynta ER 100 mg 1 tablet every 12 hours for chronic pain, Percocet 5/325 mg #60 1 tablet twice daily for breakthrough pain, Norco 10/325 mg 1 tablet every 6 hours as needed for pain, Cyclobenzaprine

for acute flare-ups of muscle spasms, Omeprazole, Flexeril is 1 tablet twice daily as needed. The request is for Flexeril 10 mg quantity 60. The rationale for Flexeril is for acute flare-ups, muscle spasms. The request for authorization form was dated 04/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain Page(s): 41, 64-66.

Decision rationale: The request for Flexeril 10mg, qty 60 is not medically necessary. The injured worker has a history of low back and wrist pain. The California Medical Treatment Utilization Schedule does not recommend Flexeril for long-term use. The medication is used for muscle spasms. There is not enough documentation for any muscle spasms. Guidelines also state that in lower back cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. There is not enough documentation of functional improvement with medications. Therefore, the request for Flexeril 10mg, qty 60 is not medically necessary.