

Case Number:	CM14-0160184		
Date Assigned:	10/03/2014	Date of Injury:	05/24/2012
Decision Date:	04/23/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 33 year old female, who sustained an industrial injury on 5/24/12. She reported initial complaints of left shoulder, neck and left arm to elbow pain due to an industrial injury. The injured worker was diagnosed as having left cervical radiculopathy; left rotator cuff tear. Treatment to date has included cervical spine MRI (8/30/12); MRI left shoulder (4/18/13); MRI lumbar spine (4/18/13); MRI thoracic spine (4/18/13); CT cervical spine (7/7/14); Status post anterior cervical discectomy and fusion with instrumentation C5-C6 (9/27/13); physical therapy; medications. Currently, PR-2 dated 8/26/14, the injured worker complains of chronic neck and left shoulder pain. The injured worker has taken Flexeril as an ongoing medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, ninety count with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over a year in combination with opioids such as Norco. The continued and chronic use of Flexeril is not recommended and not medically necessary.