

Case Number:	CM14-0168305		
Date Assigned:	10/15/2014	Date of Injury:	07/14/2014
Decision Date:	01/26/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 Emergency Medicine 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 46 year old male with a date of injury of July 14, 2014. Results of the injury include pain in the neck, mid back, and lower back. Diagnoses include cervical sprain/strain, thoracic sprain/strain, Lumbar sprain/strain, cervical radiculopathy, and Lumbar radiculopathy. Treatment modalities include orthopedic consultation, EMG/NCS of bilateral lower extremities, chiropractic treatment, Flexeril, and naproxen. EMG/NCS of the lower extremities dated August 25, 2014 showed evidence of distal symmetric polyneuropathy affecting the upper limbs. X-ray of the right shoulder showed moderate to severe AC arthrosis. X-ray of the left shoulder showed mild AC arthrosis, suture anchor in glenoid. X-ray of the bilateral elbow showed no acute bony changes, medial spurring. X-ray of the bilateral knees showed tricompartment DJD bilaterally, medial greater than the lateral compartment. Progress note dated September 2, 2014 showed diffused palpation tenderness in the cervical, thoracic, and lumbar spinous regions. There was decreased range of motion in the cervical, thoracic, and lumbar spine. Work status was documented as total partial disability. Patient is on Flexeril, Naproxen and Pamelor. Utilization review for dated October 3, 2014 non certified Cyclobenzaprine 7.5mg #60 due to noncompliance with MTUS guidelines. It approved prescription for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically for at least 2months. There is no documentation of improvement. The number tablets requested show no plan for weaning. Chronic use of Flexeril is not medically recommended. Flexeril is not medically necessary.