

Case Number:	CM14-0189610		
Date Assigned:	11/20/2014	Date of Injury:	07/02/2008
Decision Date:	01/26/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/12/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 39 year old male with the injury date of 07/02/08. Per physician's report 10/13/14, there is spasm and tenderness over the paravertebral muscles of the cervical and lumbar spine, mainly on the left mid-trapezius muscle. A trigger point injection was administered in the left subacromial space. Per progress report 10/09/14, the patient presents with pain in his left shoulder and lower back, at 7/10. "With help from Norco, Flexeril and Neurontin he is able to do some of his daily chores and reports overall improvement." Examination reveals spasms and tenderness of the lumbar spine and limited ROM of the left shoulder with positive impingement. The lists of diagnoses are:1) Prior left shoulder surgery with exacerbated pain2) Chronic lumbar pain with radiculopathy3) Insomnia, depression and anxiety4) History of GERDPer 09/11/14 progress report, the patient has increased low back pain and numbing or tingling sensations in his legs, aggravated by prolonged standing, walking and sitting. His left shoulder pain remains same. "A combination of medication helps him in the form of Norco, Flexeril and Neurontin, and he denies nausea, vomiting, constipation, over-sedation or epigastric pain, and is not taking any other medication." The patient has not been able to go back to any employment. The treater requested "Flexeril 10mg #60 twice a day which has been beneficial partially allowing him to do some of his daily activities at home." The utilization review letter 10/25/14 indicates that the request of Flexeril #60 was modified to #30 for tapering. Treatment reports were provided from 03/14/14 to 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Amrix, Fexmid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in his left shoulder, lower back and legs. The patient is s/p left shoulder surgery. The request is for Flexeril 10mg #60. California MTUS guidelines page(s) 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the treater does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. Review of the reports show that the patient has used Flexeril since at least 04/11/14. Request is not medically necessary.