MAXIMUS Federal Services

Case Number:	CM14-0191030		
Date Assigned:	11/24/2014	Date of Injury:	08/03/2012
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Practice 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 50 year-old woman who was injured at work on 7/27/2012. The injury was primarily to her neck. She is requesting review of denial for Flexeril 7.5mg #90. Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress Reports. Her chronic diagnoses include the following: Neck Sprain; Trapezius/Rhomboid Strain. Her treatment has included: Physical Therapy, a Self-Directed Home Exercise Program, Work Restrictions, a TENS Unit, Acupuncture, NSAIDs, Muscle Relaxants and Trigger Point Injections. At her last documented office visit on 1/6/2015 she described improvement with chiropractic therapy. She was prescribed a topical analgesic cream (Menthoderm) as well as the following medications: Omeprazole, Flexeril, Neurontin and Voltaren XR. Her diagnoses were: Myofascial Pain Syndrome; Cervical Spine Strain; and Cervical Radiculopathy.In the Utilization Review process, the rationale for denial of Flexeril was based on the CA MTUS Guidelines which indicate that "muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in claimants with chronic low back pain." Further, that "the effect of Flexeril is greatest in the first 4 days of treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Section Page(s): 41 - 42.

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

Decision rationale: The CA/MTUS Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants such as cyclobenzaprine (the generic form of Flexeril). Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. In this case, the records indicate that the patient has been using Flexeril as a long-term treatment of her chronic neck pain. This is not consistent with the above MTUS recommendations which only recommend this medication for a short course of therapy. Further, that the addition of Flexeril to other analgesic agents is not recommended. Therefore, the use of Flexeril is not considered as a medically necessary treatment.