MAXIMUS Federal Services

Case Number:	CM14-0195167		
Date Assigned:	12/02/2014	Date of Injury:	11/07/2013
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/21/2014

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:

Patient with reported date of injury on 11/7/2013. Mechanism of injury was not noted. Diagnosis includes cervical disc herniation with stenosis, lumbar disc extrusion, lumbar radiculopathy and probably myelopathy.Medical reports reviewed. Last report available until 10/16/14. Patient complains of neck and back pain. Pain is 8/10. Attempted trial of Tramadol but had dizziness. Injured worker also had to stop Celebrex due to history of GI bleeds. No reported improvement with flexeril. Objective exam reveals sensory deficits to L C5-7 dermatomes and L L4-5 and S1 dermatomes. Weakness noted to left psoas. MRI of lumbar spine (11/7/13) reportedly showed large L5-S1 herniated nucleus pulposus with narrowing of lateral recess, neuroforaminal stenosis and impingement of L S1 nerve root. Electromyogram/nerve conduction velocity (EMG/NCV) of upper extremities dated 10/20/14 revealed bilateral carpal tunnel syndrome with no evidence of radiculopathy. Medications include Cyclobenzaprine, Neurontin and Lidopro cream.Independent Medical Review is for Cyclobenzaprine 7.5mg #60. Prior UR on 10/30/14 recommended non-certification. It certified epidural steroid injection, follow-up and Norflex.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) 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 appears to be on this medications chronically. The number of tablets prescribed does not support intermittent use but likely chronic use which is not recommended as per MTUS Chronic pain guidelines. There is no reported benefit with this medication. Flexeril is not medically necessary.