

Case Number:	CM14-0198789		
Date Assigned:	12/09/2014	Date of Injury:	09/27/2003
Decision Date:	01/22/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/26/2014

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 9/27/2003. Mechanism of injury was not provided. Patient has a diagnosis of chronic cervical sprain/strain with 3mm herniation, lumbar disc annular tear, anterior cervical fusion, left shoulder posterior tear, left shoulder impingement and tendinitis, bilateral chondromalacia patella, post right shoulder subacromial decompression and post knee surgery and lumbar disc protrusions. Medical reports reviewed. Last report available until 10/20/14. Patient complains of low back, left shoulder and bilateral knee pain. Pain is 6/10. Objective exam reveals limited range of motion (ROM) of neck with tenderness. Shoulder depression and Spurling's positive. Strength is 4/5 at C5-8 nerve root. Sensation decreased at C5 bilaterally. Documents reference Kemp's positive and 4/5 strength at legs with signs of radiculopathy. Medications include Ambien, Norco, Motrin, Prilosec, Anexsia and Tramadol. Independent Medical Review is for Flexeril 10mg #120. Prior UR on 11/8/14 recommended non-certification. It approved Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Flexeril 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 California 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. There is no documentation of improvement. The number of tablets do not correlate with short term use or weaning. Flexeril is not medically necessary.