MAXIMUS Federal Services

Case Number:	CM14-0199025		
Date Assigned:	12/09/2014	Date of Injury:	02/22/2006
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
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 Family Practice, and is licensed to practice in Ohio. 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 female who had a slip and fall injury on 2-22-2006. She has had chronic pain to the neck and left shoulder. Her diagnoses include fibromyalgia, cervical degenerative disc disease, and left shoulder rotator cuff syndrome. She has had a left shoulder rotator cuff repair with acromioplasty, excision of the lateral clavicle, and coracoacromial ligament release. The physical exam reveals wide-spread trigger point tenderness, diminished cervical and left shoulder range of motion, and a normal upper extremity neurologic exam. She has been treated with opioids and muscle relaxants including Flexeril and Robaxin. The medication is said to help her pain 30-40% and also improves functionality. At issue is a request for Flexeril 10mg, one tablet three times daily, quantity 90 tablets. The utilization reviewer did not certify the Flexeril on the basis that the medication is intended for short term use and that the Flexeril was being used chronically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, one tablet three times daily, quantity 90 tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Fibromyalgia and Cyclobenzaprine

Decision rationale: Per the Official Disability Guidelines pharmacotherapy for fibromyalgia should be guided by symptoms accompanying pain. All patients should receive a sufficient therapeutic trial of a low-dose tricyclic drug such as cyclobenzaprine, amitriptyline, or Nortriptyline. A serotonin norepinephrine re-uptake inhibitor may be needed in patients with comorbid depression or fatigue, whereas comorbid anxiety or sleep issues may respond to a Gabapentinoid. Successful treatment may require concomitant use of several drug classes. Non-steroidal anti-inflammatory drugs and acetaminophen may be useful to treat comorbid peripheral pain generators, but opioids should be avoided. The guidelines regarding the use of cyclobenzaprine specifically are a bit contradictory. Flexeril is generally recommended for short periods only for management of chronic back pain. However, Flexeril is listed as an option for the treatment of fibromyalgia, a disease known to be chronic. In this instance, the injured worker has demonstrated a response to muscle relaxants as evidenced by greater cervical range of motion as a consequence of the medication. Therefore, in consideration of the contradictory guidelines for the use of Flexeril in the context of fibromyalgia, Flexeril 10mg, one tablet three times daily, quantity 90 tablets is medically necessary.