

Case Number:	CM14-0200095		
Date Assigned:	12/11/2014	Date of Injury:	02/20/2014
Decision Date:	02/03/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 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:

This 50 year-old patient sustained an injury on 2/20/14 while employed by [REDACTED]. Request(s) under consideration include Flexeril 10mg #50. Diagnoses include cervicalgia/ neuritis/radiculitis/ radiculopathy/ spinal stenosis/ intervertebral disc degeneration; lumbosacral intervertebral disc degeneration; and TOS. There is past medical history of Grave's disease, hyperthyroidism followed by hypothyroidism with subsequent euthyroidism. Medications list Flexeril, Tramadol, Voltaren and Norco. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/30/14 noted patient with ongoing bilateral hand numbness, tingling with posterior neck pain and lumbar pain. Exam showed mild tenderness over neck and shoulder girdle; normal stability; restricted movements in all planes; mild tenderness in lumbar region; 5/5 motor strength in upper extremities; hypesthesia over wrists and fingers in stocking distribution over feet and ankles bilaterally with hyporeflexic and absent ankle jerks. Medications were continued along with trial of Butrans patch. Brief letter/report of 11/18/14 noted the patient continues with ongoing neck and low back pain. The patient is in need of medications to function. There was no report of change in clinical presentation. No clinical exam was documented. The patient is having more hand issues due to the colder weather. The patient remained on TTD status. The request(s) for Flexeril 10mg #50 was non-certified on 11/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 50 year-old patient sustained an injury on 2/20/14 while employed by [REDACTED]. Request(s) under consideration include Flexeril 10mg #50. Diagnoses include cervicalgia/ neuritis/radiculitis/ radiculopathy/ spinal stenosis/ intervertebral disc degeneration; lumbosacral intervertebral disc degeneration; and TOS. There is past medical history of Grave's disease, hyperthyroidism followed by hypothyroidism with subsequent euthyroidism. Medications list Flexeril, Tramadol, Voltaren and Norco. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/30/14 noted patient with ongoing bilateral hand numbness, tingling with posterior neck pain and lumbar pain. Exam showed mild tenderness over neck and shoulder girdle; normal stability; restricted movements in all planes; mild tenderness in lumbar region; 5/5 motor strength in upper extremities; hypesthesia over wrists and fingers in stocking distribution over feet and ankles bilaterally with hyporeflexic and absent ankle jerks. Medications were continued along with trial of Butrans patch. Brief letter/report of 11/18/14 noted the patient continues with ongoing neck and low back pain. The patient is in need of medications to function. There was no report of change in clinical presentation. No clinical exam was documented. The patient is having more hand issues due to the colder weather. The patient remained on TTD status. The request(s) for Flexeril 10mg #50 was non-certified on 11/11/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of February 2014. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg #50 is not medically necessary and appropriate.