

Case Number:	CM14-0207121		
Date Assigned:	12/19/2014	Date of Injury:	08/03/2012
Decision Date:	02/09/2015	UR Denial Date:	11/30/2014
Priority:	Standard	Application Received:	12/10/2014

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:

50 yr. old female had sustained a work injury on 7/27/12 involving the neck. An MRI in 2013 of the cervical spine showed cervical disc bulging and mild central canal narrowing. The claimant had undergone acupuncture treatments, TENS unit and home exercises. She had been on Baclofen for spasms. A progress note on 10/30/14 indicated the claimant had bilateral muscle spasms and tingling sensations in the hands. There was decreased range of motion in the cervical spine, decreased sensation in both thumbs and a positive Spurling's sign. The claimant was placed on Flexeril 7.5 mg TID for muscle spasms for a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril. Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report

overall improvement, particularly sleep. However in Low back pain it shows no benefit over NSAIDS in pain and overall improvement. The efficacy diminishes over time and there is risk of dependency. The claimant had already been on other antispasmodics. The use of Flexeril for a month or longer is not medically necessary.