

Case Number:	CM14-0217480		
Date Assigned:	01/06/2015	Date of Injury:	01/26/2011
Decision Date:	02/28/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 31-year-old female who sustained a work-related injury dated January 26, 2011. The diagnoses at that time were low back pain, neck pain and left shoulder bursitis. The physician's visit dated December 4, 2014 reflected that the worker was experiencing persistent neck and low back pain with spasms, stiffness and left shoulder pain. A magnetic resonance imaging of the shoulder completed in 2011 showed significant tendinitis and bursitis and there was no recent images submitted for review. Physical examination was remarkable for tenderness along the trapezium and shoulder girdle bilaterally, more so on the left side. There was also pain along the left shoulder, rotator cuff and bicep tendons. Diagnoses at this visit included discogenic cervical condition with facet inflammation and shoulder girdle involvement to the left of the mid-line, impingement syndrome with bicipital tendinitis, AC joint inflammation and instability along the shoulder to the left and discogenic lumbar condition with facet inflammation. Treatment plan at this visit included refills of Flexeril and Naproxen, a TENS unit, a back brace, hot/cold therapy, trigger-point injections to the trapezium on the right and a follow-up visit in four weeks. The utilization review decision dated December 24, 2014 non-certified the request for Flexeril 7.5Mg, count 60. The rationale for non-coverage was based on the California MTUS, which stated Flexeril is recommended as an option for use as a short course of therapy. The documentation further stated that the greatest effect from this medication was within the first four days of treatment suggesting that shorter courses may be better. Treatment should be brief. The documentation reflected that the injury was over four years old and inappropriate in a patient

who had used it for several months. The MTUS guidelines are clear that treatment should be brief and the request is therefore non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, page 41, 63. Page(s): 41, 63.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for chronic neck, low back, and left shoulder pain. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there is no identified new injury or exacerbation and Flexeril is being prescribed on a long-term basis. It was therefore not medically necessary.