

Case Number:	CM15-0002464		
Date Assigned:	01/13/2015	Date of Injury:	12/04/2012
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 54 year old female, who sustained an industrial injury on 12/4/12 when a resident where she worked fell on her right arm. She has reported neck, right shoulder and low back pain. The diagnoses have included cervical discogenic pain, cervical radiculitis, bilateral shoulder pain, lumbar disc pain syndrome, low back pain, lumbar radiculitis, myalgia and chronic pain syndrome. Magnetic Resonance Imaging (MRI) of the cervical spine on 3/9/13 revealed cervical discogenic pain and cervical radiculitis. Magnetic Resonance Imaging (MRI) of the lumbar spine on 3/9/13 revealed early disc desiccation, diffuse disc protrusion, neural foraminal narrowing and grade 1 retrolisthesis. Magnetic Resonance Imaging (MRI) of the right shoulder 11/27/13 revealed suraspinous tendinopathy, degenerative joint changes and possible partial tear. Treatment to date has included diagnostics, injections, chiropractic, physical therapy, bracing and medications. In a PR2 dated 10/17/14 the treating physician reports continued severe pain in the neck radiating down right arm and into left shoulder. There is slight pain with impingement maneuvers. There is tenderness in the right shoulder and cervical spine to palpation with spasm. The musculoskeletal reveals positive spurlin's on the right. The urine toxicology dated 7/23/14 was consistent with medications prescribed. There were no documented sessions of past physical therapy or chiropractic. The IW had chronic right shoulder arm and neck pain. Treatment was to include further injections, orthopedic consult and medications with flexeril for spasms and pain. On 12/24/14 Utilization Review non-certified a request for flexeril 10mg #90,

noting that muscle relaxants are not recommended for chronic or long term use purposes, particularly when employed in conjunction with opioid agents. The MTUS Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61 and 64-66. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (Flexeril) UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being prescribed, along with cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 10mg #90 is not medically necessary.