

Case Number:	CM15-0004449		
Date Assigned:	01/15/2015	Date of Injury:	12/04/2012
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 53 year old female, who sustained an industrial injury on December 4, 2012. She has reported neck and right shoulder injury. The diagnoses have included cervical disc degeneration, neck sprain, cervical disc displacement, cervicgia, and unspecified brachia neuritis. Treatment to date has included radiological imaging, and medications. Currently, the IW complains of continued right shoulder pain. A magnetic resonance imaging of the right shoulder completed on November 26, 2013, reveals supraspinatus tendinosis without evidence of tear. The Utilization Review indicates a magnetic resonance imaging of the cervical spine was completed on March 9, 2013 which reveals disc desiccation. This report is not available for this review. The Utilization Review indicates a progress note dated November 14, 2014, where the injured worker reports worsened pain, having severe spasms, aching shoulder pain, and neck pain with radiation down the right arm, associated with burning and numbness of the arm. This progress note is not available for this review. The Utilization Review indicates a previous UR report on November 26, 2014, provided certification of Nucynta ER 150 mg, quantity #60, Norco 10/325mg, quantity #90, and Flexeril 7.5 mg. On December 12, 2014, Utilization Review non-certified Flexeril 7.5 mg, quantity #60, based on MTUS, Chronic Pain Medical Treatment guidelines. On January 8, 2015, the injured worker submitted an application for IMR for review of Flexeril 7.5 mg, quantity #60.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: According to the MTUS Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the patient has had a longer than indicated course of treatment with Flexeril for chronic pain. The continued use is not medically necessary.