

Case Number:	CM15-0004634		
Date Assigned:	01/16/2015	Date of Injury:	03/10/2011
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 03/10/2011. The injured worker has persistent left-sided neck and shoulder pain with frequent headaches that radiate to at the base of the skull and behind his left eye. He has chest pain along the maxillary line and right cage area. Diagnoses include: history of multiple rib fractures, left thorax with intercostal neuralgia and costochondritis re-aggravated by a recent fall with re-fracture of the left rib cage area, history of cervical sprain/strain with underlying spondylosis with chronic ongoing neck pain, left shoulder girdle sprain/strain with rotator cuff tear with chronic tendinopathy in the left shoulder, cubital release left elbow with ongoing symptoms, lumbosacral sprain/strain with chronic coccydynia, headaches related to closed head injury with post concussive syndrome, and visual loss right eye. A physician progress note dated 12/04/2014 documents the injured worker has pain in his low back, left elbow, left shoulder and neck. There is limited range of motion with his neck, left shoulder and low back. The left shoulder exam is positive for impingement. He has diminished grip strength in his left hand. The treating provider is requesting Flexeril 10mg, #30, for muscle spasms. On 12/22/2014 the Utilization Review non-certified the request for Flexeril 10mg, # 30 citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants-Cyclobenzaprine (Flexeril) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not certified.