

Case Number:	CM15-0009713		
Date Assigned:	01/27/2015	Date of Injury:	01/03/2003
Decision Date:	03/16/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55 year old female with an industrial injury date of 01/03/2003. The mechanism of injury was noted as repetitive gripping, grasping and twisting duties. She presented on 12/17/2014 with complaints of ongoing neck and bilateral upper extremity pain with headaches. Physical exam revealed increased pain and spasm to palpation to the cervical paraspinal muscles more on the right side extending to the right trapezius. Current medications were Norco, Effexor XR, Buspar, Wellbutrin, Flexeril and Voltaren gel. Prior treatments include physical therapy, massage therapy, referral to an orthopedic surgeon, left elbow injected with Depo-Medrol and medications. MRI of cervical spine on 10/03/2012 showed bilateral foraminal stenosis noted at cervical 4-5, posterior disk protrusion at cervical 5-6 with moderate spinal stenosis. Multi-level degenerative disk changes noted disk height losses at cervical 5-6 and cervical 6-7. No evidence of myelopathic changes. The provider had requested an updated MRI. Diagnoses were neck pain, low back pain, history of fibromyalgia and chronic pan syndrome. On 01/10/2015 utilization review non-certified the request for Flexeril 10 mg # 120. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

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

Decision rationale: The injury was on 01/03/2003. MTUS guidelines for muscle relaxants - Flexeril is a muscle relaxant - note that long term treatment with muscle relaxants is not recommended. There is no objective documentation that adding a muscle relaxant to an opiate and NSAIDS medication provides additional efficacy and the muscle relaxant is associated with decreased physical and mental functional ability. Flexeril 120 tablets is not medically necessary for this patient.