

Case Number:	CM15-0011190		
Date Assigned:	01/29/2015	Date of Injury:	08/25/2010
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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: California

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 39 year old female, who sustained an industrial injury on 8/25/2010. The diagnoses have included partial Brown-Sequard syndrome, status post right shoulder rotator cuff repair, October 2011, lumbar disc syndrome and sacral neuritis. Treatment to date has included surgical intervention and medication. The injured worker underwent cervical spine fusion at C4-C5, C5-C6 and C6-C7 on 9/29/2014. According to the progress report dated 11/19/2014, the injured worker presented for neurosurgical re-evaluation. The injured worker reported ongoing postoperative cervical spine pain on the right rated six to nine out of ten with radiation of pain into the shoulder. Exam of the cervical spine revealed tenderness over the paracervical muscles bilaterally. The postoperative wound was clean, healed and intact. Exam of the lumbar spine revealed tenderness to palpation over the paralumbar muscles bilaterally with spasm. Lumbar spine range of motion was limited by pain and spasm in all directions. Computerized tomography (CT) scan of the cervical spine was pending. On 1/12/2015, Utilization Review (UR) non-certified a request for Flexeril 10mg #60. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, quantity: 60: 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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Muscle relaxants Pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. The patient is status post cervical spine surgery. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Long-term use of muscle relaxant is not supported by MTUS or FDA guidelines. The request for Flexeril 10 mg #60 is not supported by MTUS or ACOEM guidelines. Therefore, the request for Flexeril 10 mg #60 is not medically necessary.