

Case Number:	CM15-0134127		
Date Assigned:	08/19/2015	Date of Injury:	11/25/2001
Decision Date:	09/15/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 11-25-01. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic neck pain; status post carpal tunnel syndrome with residuals; myofascial pain. Treatment to date has included physical therapy; home exercise program; trigger point injections; medications. Diagnostics studies included EMG/NCV study upper extremities (9-10-07). Currently, the PR-2 notes dated 6-2-15 indicated the injured worker reports the Pennsaid samples continue to help with neck pain control and once again only her Elavil and Naprosyn were approved. She is paying out of pocket for the Cymbalta, Flexeril, Voltaren gel, Lidocaine Patches and Tylenol #4. She has continued neck and upper body back pain with headaches. She has some low back pain. She has had trigger point injections that helped and cervical traction unit has helped as well. She reports continued left hand numbness. She ambulates without assistive devices. On physical examination, trigger points are palpated in the bilateral upper trapezius muscles and bilateral cervical paraspinal muscles. There is record of an EMG/NCV study of the upper extremities done on 9-10-07 showing no evidence of cervical radiculopathy. On this visit, the provider administered trigger point injections to the upper trapezius and bilateral cervical paraspinal muscles. The provider is requesting authorization of Flexeril 10mg #90.

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 (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2001 and continues to be treated for neck and back pain and headaches. When seen, she was having continued left hand numbness. Cervical traction was helping with her neck. Physical examination findings included bilateral cervical and upper trapezius muscle trigger points. Diagnoses were chronic neck pain and myofascial pain. Medications were refilled. Flexeril has been prescribed since at least January 2015. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and it appears ineffective. Ongoing prescribing was not medically necessary.