

Case Number:	CM15-0134269		
Date Assigned:	07/22/2015	Date of Injury:	09/18/2013
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
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: Arizona, California
 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 47-year-old female, who sustained an industrial injury on September 18, 2013. The injured worker was diagnosed as having neck sprain and lumbar disc displacement. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included cervical strain, lumbosacral herniated nucleus pulposus (HNP) and bilateral shoulder impingement. A progress note dated May 26, 2015 provides the injured worker complains of right shoulder pain with continued tightness. She reports cortisone injections have helped slightly. She reports decreased range of motion (ROM) and activities of daily living (ADL). Physical exam notes shoulder tenderness, decreased range of motion (ROM) and positive Hawkin's test. There is cervical increased tightness and decreased range of motion (ROM) with positive Spurling's test. There is lumbar tenderness with spasm and positive straight leg raise on the left. The plan includes magnetic resonance imaging (MRI) and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg twice a day quantity 60: 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 Flexeril
Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril forever 6 months in combination with NSAIDS and Norco. Continued use is not medically necessary.