

Case Number:	CM15-0135606		
Date Assigned:	07/23/2015	Date of Injury:	06/21/2012
Decision Date:	08/20/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/14/2015

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 53 year old female with an industrial injury dated 06/21/2012. Her diagnoses included status post cervical spine fusion of cervical 5-6, cervical 6-7, possible non-union; status post removal of hardware cervical 5-cervical 7, cervical fusion at cervical 6-cervical 7, cervical 7-thoracic 1 anterior cervical discectomy and fusion with cage and instrumentation, re-injury, sprain/strain of the cervical spine, sprain/strain of the right foot, resolved; and sprain/strain of right shoulder. Prior treatment included medications and cervical surgery. She presented on 06/02/2015 with complaints on neck pain. She rates the pain as 2/10 and has been exacerbated with prolonged standing/walking activities and some activities of daily living. She reports functional improvement and improvement in pain with her current medication regimen. She rates the pain as 2-3/10 with medication and 7-8/10 without pain medication. She noted improvement in the ability to continue working and driving. According to documentation she takes two to three Norco tablets per day for pain. She takes one to two Flexeril tablets per day for muscle spasms. She denied any side effects from her medication. Physical examination noted tenderness over the right posterior cervical paraspinal and right upper trapezius musculature where muscle spasms and myofascial trigger points were noted. Range of motion of the cervical spine was limited. Increased neck pain was reported upon extremes of flexion and extension of the cervical spine. Urine drug screen results dated 04/27/2015 revealed consistent findings with the prescribed medications. Treatment plan included Norco and Flexeril; continue home exercise program and reevaluate in four weeks. Treatment request is for Flexeril 10 mg; No refills requested Quantity: 50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg; No refills requested Qty: 50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

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

Decision rationale: The claimant sustained a work-related injury in June 2012 and continues to be treated for neck pain with a history of a cervical spine fusion with subsequent hardware removal in July 2013. When seen, there was decreased cervical spine range of motion with cervical and right upper trapezius tenderness, muscle spasms, and trigger points. Norco and Flexeril were prescribed. 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 was not medically necessary.