

Case Number:	CM15-0136175		
Date Assigned:	07/24/2015	Date of Injury:	03/06/2015
Decision Date:	08/21/2015	UR Denial Date:	07/07/2015
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:

This is a 53 year old male with a March 6, 2015 date of injury. A progress note dated June 15, 2015 documents subjective complaints (lower back pain rated at a level of 6/10 mostly, 10/10 at its worst; pain radiates to the bilateral posterior thighs, left side worse than right; neck and shoulder pain with no radiation), objective findings (decreased range of motion of the neck; tenderness of the cervical paraspinal muscles; decreased range of motion of the bilateral shoulders; decreased range of motion of the lumbar spine: tenderness of the lumbar paraspinal muscles), and current diagnoses (cervical sprain/strain; lumbar sprain/strain with complaint of radiculopathy). Treatments to date have included medications, imaging studies, and therapy. The treating physician documented a plan of care that included Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

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 March 2015 and continues to be treated for low back pain radiating to the posterior thighs and neck and shoulder pain. When seen, there was decreased spinal range of motion. Shoulder range of motion was decreased and caused neck pain. There was cervical paraspinal muscle tenderness without spasms. Flexeril has been prescribed since less than two weeks after injury. 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. Flexeril has been prescribed since shortly after injury, more than three months ago and is not medically necessary.