

Case Number:	CM15-0145315		
Date Assigned:	08/06/2015	Date of Injury:	02/06/2014
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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 31 year old male who sustained an industrial injury on 2-6-2014. He has reported neck and low back pain and has been diagnosed with neck pain, cervical discogenic facetogenic pain, and cervical radiculitis without EMG-NCS evidence of radiculopathy, mild bilateral carpal tunnel syndrome, myalgia, and chronic pain syndrome. Treatment has included chiropractic care, medications, and physical therapy. There was tenderness in the facets on the left side C4 through C7. Range of motion was decreased in all fields. He was tender in the paraspinal muscles L4-S1. Range of motion was full. The treatment plan included flexeril for acute spasm. The treatment request included retrospective flexeril 7.5 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 7.5mg Qty: 60.00 (DOS 06/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42; 63-66.

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 muscle relaxants for several months including prior use of Robaxin. The claimant was on Flexeril for over 3 months. Continued and chronic use of Flexeril on 6/9/15 is not medically necessary.