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| Case Number: | CM15-0162368 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 07/30/2012 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/23/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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 43 year old female, who sustained an industrial injury on 7-30-2012. The medical records indicate that the injured worker is undergoing treatment for repetitive strain injury with myofascial pain syndrome in the bilateral upper extremities. According to the progress report dated 6-30-2015, the injured worker complains of pain in the neck pain, shoulders, arms, and elbows. On a subjective pain scale, she rates her pain 4-5 out of 10. The physical examination of the cervical spine reveals mild-to-moderate tenderness to palpation along the bilateral trapezius muscle, full range of motion, intact motor strength and sensory, tender trigger points over the right greater than left paracervical and posterior shoulder muscles of a moderate-to marked degree, grip strength of 40-35 on the right and left, brownish pigmentation along the extensor elbows, and tenderness along the extensor forearm, left greater than right. Treatments to date has included medication management, x-rays, physical therapy, bracing, acupuncture, ergonomic evaluation, electrodiagnostic testing, and trigger point injections. Work status is described as full duty. The plan of care included trigger points injections, 6 sessions of deep tissue myofascial therapy, 6 sessions of biofeedback, and initiate Flexeril. The original utilization review (7-23-2015) had partially approved a request for Flexeril #15 (original request for #30 with four refills) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg # 30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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 for an unknown length of time and in combination with other analgesics. Long-term use of use of Flexeril (Cyclobenzaprine) with 4 refills is not medically necessary.