

Case Number:	CM15-0164445		
Date Assigned:	09/01/2015	Date of Injury:	11/21/2011
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: California, North Carolina
 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 11-21-2011. The mechanism of injury was not described. The injured worker was diagnosed as having cervical and lumbar disc displacement without myelopathy, pain in shoulder joint, and rotator cuff rupture. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of low back and left shoulder pain. Pain was not rated. She continued medications with benefit. She reported that Norflex was ineffective and caused adverse side effects (unspecified). She requested to resume Flexeril. She also reported daytime drowsiness after taking Gabapentin. Exam of the lumbar spine noted spasm and guarding. Medications included Gabapentin, Nabumetone, Orphenadrine, and Tramadol ER. She was prescribed Cyclobenzaprine and Orphenadrine was discontinued. Work status was not specified. The duration of muscle relaxant use could not be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg #90 ms Qty: 90: 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 Cyclobenzaprine, Muscle relaxants Page(s): 41-42, 64.

Decision rationale: CA MTUS states that Cyclobenzaprine is a muscle relaxant recommended for short-course therapy. Limited, mixed-evidence does not allow for recommendation for chronic use. In this case, the patient has been prescribed numerous muscle relaxants on a chronic basis. MTUS does not recommend long-term use of muscle relaxants and recommends using 3-4 days for acute spasm and no more than 2-3 weeks total. Within the records submitted, there is no evidence of acute pain or acute exacerbation of chronic pain. There is also no documentation of functional benefit or improvement because of use of previous muscle relaxants. Therefore, the request for long-term Cyclobenzaprine is not medically necessary or appropriate.