

Case Number:	CM15-0168431		
Date Assigned:	09/09/2015	Date of Injury:	08/13/2014
Decision Date:	10/14/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/26/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old male, who sustained an industrial injury on 08-13-2014. He has reported injury to the head, neck, left shoulder, and back. The diagnoses have included history of blunt head trauma; cervical strain; rule out cervical disc herniation; left upper extremity radicular pain; and active C6 denervation per EMG (electromyography)-NCV (nerve conduction velocity), dated 06-09-2015. Treatment to date has included medications, diagnostics, rest, and physical therapy. Medications have included Kera-Tek Gel, Ibuprofen, Gabapentin, and Flexeril. A progress note from the treating physician, dated 07-28-2015, documented a follow-up visit with the injured worker. The injured worker reported persistent pain in the neck, which is frequent and radiates down the back, more on the left than the right to the mid back; the pain is rated at 7 out of 10 in intensity; the pain is made worse with weather and activities; the pain is made better with rest and medications; he is taking Motrin and Flexeril; and he is not currently working. Objective findings included he is in no acute distress; loss of range of motion of the cervical spine; palpable muscular hypertonicity and tenderness with active trigger point of the bilateral cervical paraspinal muscles and right upper trapezius muscles; and there were negative neurological signs of the upper extremities. The treatment plan has included the request for Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: 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), Muscle relaxants (for pain).

Decision rationale: The current request is for Flexeril 10mg #60. The RFA is dated 07/07/15. Treatment to date has included medications, diagnostics, rest, and physical therapy. The patient is not working. MTUS, Chronic Pain Medical Treatment Guidelines 2009 under MUSCLE RELAXANTS (for pain) pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per report 07/28/15, the patient presents with persistent pain in the neck that radiates into the right mid back. Objective findings revealed loss of range of motion of the cervical spine, palpable muscular hypertonicity and tenderness with active trigger point of the bilateral cervical paraspinal muscles and right upper trapezius muscles. Medications have included Kera-Tek Gel, Ibuprofen, Gabapentin, and Flexeril. The patient reports that medications help reduce pain and muscle spasms. Although medication efficacy has been documented, MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. This patient has been using Flexeril since 02/16/15 and further use cannot be supported. This request IS NOT medically necessary.