

Case Number:	CM15-0184024		
Date Assigned:	09/24/2015	Date of Injury:	11/12/2001
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 68 year old female with a date of injury on 11-12-01. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back and neck pain. Progress report dated 8-28-15 reports complaints of bilateral shoulder pain and neck pain. Oral medications and trans-dermal medications allow for 50-60% pain reduction and improved function with activities of daily living. Objective findings: cervical range of motion is decreased due to pain, bilateral grip strength 3 out of 5, decreased sensation bilateral C5-C6 and positive left and right trigger points. Norco weaned down to max of 4 per day. According to the medical records, the injured worker has been on Flexeril since at least 3-13-15. Treatments include: medication, physical therapy, TENS unit and cervical fusion. Request for authorization dated 8-25-15 was made for Flexeril 10 mg tab quantity 90 for 30 days supply. Utilization review dated 9-4-15 modified request to certify quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg tablets qty 90 for 30 days supply: 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: Chronic Pain Medical Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page 41-42 of 127. This claimant was injured in 2001 and has chronic low back and neck pain. The claimant has been on the muscle relaxant Flexeril since 3-13-15. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, the request is not medically necessary.