

Case Number:	CM15-0186797		
Date Assigned:	09/28/2015	Date of Injury:	12/16/2013
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial-work injury on 12-16-13. He reported initial complaints of pain in neck, shoulders, wrists, and hands. The injured worker was diagnosed as having near total body pain. Treatment to date has included medication and diagnostics. MRI results were reported on 5-2-15 of the shoulders that notes partial thickness undersurface tears of the distal supraspinatus and infraspinatus tendons as described below, mild concomitant subacromial subdeltoid bursitis, and mild acromioclavicular joint arthritis. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 5-5-15 suggested peripheral neuropathy and moderate right and mild left carpal tunnel syndrome. Currently, the injured worker complains of neck pain radiating to the hands. Pain was reported 60 percent in the head, neck, and back, 20 percent in the shoulders, arms, wrists, hands, mid back, low back, inguinal area, and legs. There is a numbness, cramping, and tingling sensation of the hands and lower legs. Pain intensity is 8 out of 10. Medications included Cyclobenzaprine, Terocin, and Tramadol. Flexeril was used from 8-28-14. Per the primary physician's progress report (PR-2) on 8-6-15, exam noted reduced grip strength in the left hand, tenderness bilaterally to the cervical spine paravertebrals, reduced range of motion to the cervical spine, tenderness to the thoracolumbar spine, reduced range of motion of the lumbar spine, antalgic gait, and giving way and weakness throughout the left lower extremity. Hip motion is guarded. The Request for Authorization requested service to include Flexeril 10mg #30 1 refill. The Utilization Review on 8-25-15 denied the request for Flexeril 10mg #30 1 refill, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 1 refill: 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 claimant sustained a work injury in December 2013 with injury to the low back while moving furniture. He was seen for an initial orthopedic evaluation on 08/06/15. He was having radiating neck pain with numbness, cramping, and tingling in the hands and lower legs. He was having pain throughout the spine and arms when sleeping. He was having neck and shoulder pain when reaching. There was cervical and thoracolumbar spine tenderness with decreased range of motion. There was low back pain with straight leg raising. There was giving way and weakness throughout the left lower extremity. He had an antalgic gait. Flexeril was prescribed #30 with one refill for muscle spasms and to help with sleep. Flexeril had been previously prescribed by another provider since at least February 2015. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.