

Case Number:	CM15-0187256		
Date Assigned:	09/29/2015	Date of Injury:	10/11/2012
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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:

The injured worker is a 57 year old female who sustained an industrial injury on 10-11-2012. According to a progress report dated 08-12-2015, the injured worker reported that pain in the cervical spine was rated 7 on a scale of 1-10, but with medications would go down to 2-3. She reported that she was running out of medication. Examination of the cervical spine demonstrated stiffness, tightness and trigger areas on the cervical paravertebrals, trapezius as well as occipital area. Flexion and extension were still restricted and painful at the extreme range. There was decreased sensory distribution at C5-C6 on the right side. Diagnoses included cervical sprain, cervical radiculitis, cervical disc protrusion, myofascial pain and moderate right carpal tunnel syndrome. The treatment plan included Flexeril 10 every bedtime #30. Work status included modified work duties with the restrictions of no lifting greater than ten pounds, no constant neck positioning and no repetitive gripping or grasping. Documentation shows that the injured worker had also been prescribed Flexeril in November 2014, December 2014, February (2 month supply) April and June 2015 (2 month supply). An authorization request dated 08-12-2015 was submitted for review. The requested services included Flexeril 10 mg #30. On 08-25-2015, Utilization Review non-certified the request for Flexeril 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. In this case, the injured worker suffers from chronic cervical pain and there is no evidence of an acute exacerbation of muscle spasms. This medication is being used chronically, which is not supported by the guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg #30 is determined to not be medically necessary.