

Case Number:	CM15-0193260		
Date Assigned:	10/07/2015	Date of Injury:	10/19/2010
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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 56 year old male who sustained an industrial injury on 10-19-10. The injured worker reported pain in the neck and low back. A review of the medical records indicates that the injured worker is undergoing treatments for right hip pain, chronic pain syndrome, neck pain, lumbar radiculitis, cervical degenerative disc disease, lumbar degenerative disc disease, and cervical radiculitis. Medical records dated 10-12-15 indicate pain rated at 8 out of 10. Provider documentation dated 9-11-15 noted the work status as not currently working. Treatment has included magnetic resonance imaging, home exercise program, heat, ice, transcutaneous electrical nerve stimulation unit, Norco since at least April of 2015, Gabapentin since at least April of 2015, and Cyclobenzaprine since at least April of 2015. Objective findings dated 10-12-15 were notable for tenderness to palpation to the cervical and lumbar paraspinals, cervical and lumbar facet joints, with decreased cervical and lumbar range of motion. The original utilization review (9-21-15) denied a request for Flexeril 10mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2010 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use, prescribed since at least April 2015. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status, with patient remaining off work, to support further use as the patient remains unchanged. The Flexeril 10mg #30 with 3 refills is not medically necessary and appropriate.