

Case Number:	CM15-0197505		
Date Assigned:	10/12/2015	Date of Injury:	10/06/2014
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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 37 year old male who sustained an industrial injury on 10-06-2014. He was being treated for brachial neuritis or radiculitis. In the provider notes of 09-29-2015, the worker complains of neck pain radiating to his upper back and muscle spasms of his upper back with pain radiating down his arms with numbness and tingling. On examination of the cervical spine, there is tenderness of the posterior cervical and bilateral trapezial musculature. There is tenderness over the anterolateral aspect of the shoulder. There is positive impingement sign and positive apprehension test and there is tenderness over the right parathoracic musculature. Current medications include Mobic and Flexeril. A request for authorization was submitted for; Flexeril 10 mg #30 with 1 refill, Flexeril 10 mg #21 with no refills, and Mobic 15 mg #30 with 1 refill. Utilization review decision 09-30-2015 non-certified the request for Flexeril 10 mg #30 with 1 refill, and authorized the request for Flexeril 10 mg #21 with no refills, and Mobic 15 mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30 with 1 refill: 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), Muscle relaxants (for pain).

Decision rationale: The patient presents on 08/05/15 with neck pain which radiates into the bilateral upper extremities with associated numbness in tingling in the bilateral hands/wrists, and left shoulder pain, stiffness, and weakness. The patient's date of injury is 10/06/14. The request is for FLEXERIL 10MG #30 WITH 1 REFILL. The RFA was not provided. Physical examination dated 08/05/15 reveals tenderness to palpation of the cervical spine and bilateral trapezius muscles, reduced cervical range of motion, decreased sensation to pinprick over the volar aspect of the right thumb and index finger, with positive Phalen's test noted on the right. Left shoulder examination reveals tenderness over the anterolateral aspect of the joint, positive impingement sign and positive apprehension test noted. The patient is currently prescribed Ultram, Voltaren, and Flexeril. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants.(e.g. amitriptyline) This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This appears to be the initiating prescription of this medication, as it is not mentioned in the previous progress reports. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 30 tablets with one refill does not imply the intent to limit this medication to a 2-3 week duration. Therefore, the request IS NOT medically necessary.