

Case Number:	CM15-0199366		
Date Assigned:	10/14/2015	Date of Injury:	09/15/1998
Decision Date:	11/23/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 female who sustained an industrial injury on 9-15-1998. Diagnoses have included chronic intractable pain from multiple pain generators including musculoskeletal and neuropathic pain; cervical degenerative disc disease and myofascial pain; status post bilateral carpal tunnel release and ulnar nerve release at the Guyon's tunnel; fibromyalgia; status post right total knee replacement; lupus; and, left shoulder impingement syndrome, non-industrial. Documented treatment includes "failed hand and wrist surgery," acupuncture, physical therapy, spinal injections, and anti-inflammatory medications. Other medication includes Voltaren Gel, Effexor XR, Topamax, Lidoderm, Percocet, Mobic, and Flexeril 10 mg which she has been taking 3 times per day for muscle spasm since at least 5-2015 based on provided medical records. 7-8-2015 the note states that medication reduces the injured worker's pain from 9 out of 10 to 4-5, and enables her to function better including improving activities of daily living. In the past, it is noted that she has tried other medications including Nucynta, Oxycodone, Norco, Butrans, Lyrica, and Gabapentin all either not providing adequate relief or causing unwanted side effects. It is noted that the injured worker has an opioid treatment agreement, CURES report is reviewed, and medications are reviewed and counseling provided regularly. At a 7-8-2015 visit, the injured worker's pain is documented as continuous and reaches 9-10 out of 10. Pain is in the bilateral arms with numbness and tingling, she has joint pain, and pain is noted to be aggravated with activity. The physician noted decreased light touch to the upper extremities, chronic numbness in all extremities, painful range of motion with the left shoulder, and numerous tender points. The treating physician's plan of care includes Flexeril 10 mg #90, which was denied on 9-18-2015. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril tab 10mg #90: 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): Muscle relaxants (for pain).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. In this case, there is no evidence of muscle spasms on review of the medical records from 7/8/15. In addition, there is no indication for the prolonged use of a muscle relaxant. Thus, the recommendation is for non-certification.