

Case Number:	CM15-0203744		
Date Assigned:	10/20/2015	Date of Injury:	10/01/2012
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

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

This injured worker is a 66 year old female who reported an industrial injury on 10-1-2012. Her diagnoses, and or impressions, were noted to include: cervical sprain-strain, disc syndrome, and radiculopathy; thoracolumbar sprain-strain with myofasciitis; multiple lumbar disc protrusions and radiculopathy; right shoulder impingement syndrome; bilateral wrist tendinitis; right knee aggravation and right ankle sprain-strain; and left knee contusion. No imaging studies were noted; MRI of the cervical and lumbar spine were said to be done on 5-7-2013. Her treatments were noted to include: a qualified medical evaluation on 8-3-2015; cervical steroid epidural injections (12-8-14) with 70-75% relief x 6 weeks, and with continued improvement of 50-60%; and medication management with toxicology studies. The progress notes of 9-24-2015 noted complaints which included: continued, constant low back pain with progressive weakness in the lower extremity, resulting in increased difficulty with activities of daily living and becoming more housebound; dull achiness in the cervical spine, left/right, with limited, painful range-of-motion, and a radicular pattern down the right arm-thumb; that her pain without medication is 9 out of 10, resulting in her increased dependence on others, and decreased to 5 out of 10 with medications, resulting in improved functionality, specifically with driving, sitting, light house cleaning and cooking; and that she had discontinued Cymbalta and was trialing Xanax. The objective findings were noted to include: increased tight muscle bands and spasms of the cervical para-spinal musculature, left/right, with limited forward flexion, extension, rotation, and positive compression which caused radicular pattern of pain down the right arm-thumb; increased muscle spasm-pain in the lumbar para-spinal musculature, right/left, with limited and painful

range-of-motion that was unable to be tested due to a recent fall; continued hyperesthesias along the sacral 1 dermatomal pattern with weakness in the "EHL" tendon and right hip flexors; and the inability to toe and heel walk. The physician's requests for treatment were noted to include Flexeril 7.5 mg, 3 x a day as needed, #40. The Request for Authorization, dated 9-29-2015, was noted to include Flexeril 7.5 mg, 3 x a day, #40. The Utilization Review of 10-9-2015 non-certified Flexeril 7.5 mg, #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter-Muscle relaxants.

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

Decision rationale: Flexeril 7.5mg #40 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Flexeril long term. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week MTUS recommended time period for this medication. The request for Flexeril is not medically necessary.