

Case Number:	CM15-0204186		
Date Assigned:	10/21/2015	Date of Injury:	04/21/2013
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 51 year old female with a date of injury on 4-21-13. A review of the medical records indicates that the injured worker is undergoing treatment for neck, right shoulder, right arm, right wrist, hand and fingers. Progress report dated 6-5-15 reports complaints of increasing intractable neck pain. She reports improvement in left shoulder after scalenectomy. Physical exam: diffuse cervical tenderness with axial head compression, improvement in right shoulder range of motion, right 5th finger contracture in abduction of the digit and positive right guyon canal tinel. Medications noted at this visit: Nucynta and Neurontin. MRI of cervical spine shows progression of disc disease with stenosis and spinal cord flattening. Treatments include: medication, physical therapy, left shoulder surgery. Request for authorization dated 9-17-15 was made for Flexeril 10 mg quantity 30. Utilization review dated 10-8-15 non-certified the request.

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 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: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant was provided Flexeril along with other analgesics. The amount provided was for 30 days which exceed the time frame of benefit. There was no mention of spasms. The Flexeril as prescribed is not medically necessary.