

Case Number:	CM15-0206917		
Date Assigned:	10/23/2015	Date of Injury:	04/04/2014
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania, Ohio, 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 57 year old male, who sustained an industrial injury on 4-04-2014. The injured worker (IW) is being treated for multilevel cervical disc disease with right foraminal narrowing at C5, C6 and C7 (per magnetic resonance imaging (MRI) dated 5-28-2014), and multilevel lumbar degenerative changes with mild central canal stenosis at L3-4, L4-5 and L5-S1 with mild bilateral foraminal narrowing at L4-L5 (per MRI dated 5-28-2014). Treatment to date has included diagnostics, medications, physical therapy, transcutaneous electrical nerve stimulation (TENS), and a cervical epidural steroid injection on 2-19-2015. Per the Primary Treating Physician's Progress Report dated 9-17-2015, the injured worker presented for reevaluation. He reported persistent pain in the neck rated in severity as 5-7 out of 10 and worsening with radiation into both hands with weakness and numbness. He also reported lower back pain rated as 5-7 out of 10 with radiation into the lower extremities with numbness and weakness, which was also worsening. He reported driving about a month ago when his legs cramped up and he felt like he was going to crash. He reported severe weakness and worsening. The pain is made better with rest and medications, and worse with activities and weather. Naproxen reduces his pain from 7 to 4 and Flexeril helps with muscle spasms in the paraspinals and reduces his pain from 7 to 4-5. He is currently not in chiropractic or physical therapy. It is unclear from the medical records provided how long the IW has been prescribed the medications. Objective findings of the cervical spine included decreased range of motion and tenderness to the paraspinals. There was decreased sensation (4 out of 5) and strength (4 out of 5) bilaterally at C5, C6, C7 and C8. Objective findings of the lumbar spine included decreased range of motion and

tenderness to the paraspinals with decreased sensation (4 out of 5) and strength (4 out of 5) bilaterally at L4, L5 and S1. Work status was restricted duty. The plan of care included continuation of medications as needed, consultation with a spine surgeon, and TENS unit. Authorization was requested on 9-30-2015 for Flexeril (cyclobenzaprine) 10mg #90, consultation with a spine surgeon, Naprosyn (naproxen sodium)550mg #60, Elavil (amitriptyline) 50mg #30 and 3-month rental of TENS unit. On 10-05-2015, Utilization Review modified the request for cyclobenzaprine 5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty: 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: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.