

Case Number:	CM15-0208279		
Date Assigned:	10/27/2015	Date of Injury:	04/02/1994
Decision Date:	12/08/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

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

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 60 year old female, who sustained an industrial injury on 4-2-1994. The injured worker was being treated for muscle spasm, cervical spondylosis without myelopathy, postlaminectomy syndrome not elsewhere classified, and unspecified thoracic or lumbosacral neuritis. The injured worker (6-19-2015) reported neck and low back pain. She reported that Flexeril helps the spasms. The physical exam (6-19-2015)) revealed decreased cervical and lumbar range of motion, tenderness to palpation of the cervical paraspinal muscles and the bilateral facet joints at cervical 5-7, positive spasm, and tenderness to palpation of the lumbar paraspinal area. The injured worker (8-3-2015) reported ongoing neck pain radiating to the bilateral upper extremity and ongoing low back pain. She reported persistent muscle spasms. The physical exam (8-3-2015) revealed restricted cervical and lumbar range of motion. The injured worker (10-13-2015) reported ongoing radiating neck pain, described as throbbing and pins and needles. She reported the pain is decreased by medication. The medical records show the subjective pain ratings were 6 at best and 10 at worst on 6-19-2015 and 10-13-2015. The physical exam (10-13-2015) revealed decreased bilateral cervical range of motion, tenderness to palpation of the cervical paraspinal muscles and the bilateral facet joints at cervical 5-thoracic 1, positive spasm, and trigger points of the bilateral cervical, bilateral trapezius, and bilateral rhomboid. Per the treating physician (8-3-2015 report), the MRI from 2-19-2015 showed degeneration at disc protrusions at cervical 5-6 and cervical 6-7. The treating physician noted that the MRI report from 2-19-2015 stated there was mild central stenosis without neural foraminal stenosis at cervical 5-6, and a 4-5 mm protrusion at cervical 6-7 with mild central

stenosis and moderate bilateral neural foraminal stenosis. Treatment has included a lumbar-sacral orthosis brace, a cervical brace, and medications including pain, anti-epilepsy, and muscle relaxant (Flexeril since at least 6-2015). The treatment plan included a refill of Flexeril 10mg. On 10-20-2015, the original utilization review non-certified a request for Flexeril 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: The claimant has a remote history of a work injury occurring in April 1994 when she slipped and fell and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. Treatments have included a spinal cord stimulator trial in 2002, lumbar fusion surgery in 2010 and 2012, and an intrathecal drug delivery system which was removed due to infection. She underwent a ventral hernia repair in 2013 and has drainage from the umbilicus. When seen, she was having pain and numbness. Pain was rated at 6-10/10. She was having ongoing neck pain and spasms and was requesting medication refills. Physical examination findings included a body mass index of nearly 34. There was decreased cervical spine range of motion with tenderness and muscle spasms. There was trapezius, cervical and rhomboid trigger points. There was bilateral cervical facet tenderness. Authorization was requested for cervical medial branch blocks. Medications were refilled including Flexeril which had been prescribed since at least April 2015. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not medically necessary.