

Case Number:	CM15-0025005		
Date Assigned:	02/17/2015	Date of Injury:	04/20/2012
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 4/20/12. She has reported neck injury. The diagnoses have included left cervical radiculopathy, improved, left AC joint arthritis, left shoulder impingement syndrome and left shoulder rotator cuff tear. Treatment to date has included gym membership, home exercise program, Hydrocodone oral, Motrin and Flexeril. Currently, the injured worker complains of neck pain and numbness that radiates down the bilateral upper extremities. Physical exam dated 12/16/14 noted no evidence of tenderness or spasm of paracervical muscles or spinous process on palpation. On 1/14/15 Utilization Review non-certified Flexeril 10mg, noting long term use of muscle relaxants is not recommended and there is no documentation of muscle spasms. The MTUS, ACOEM Guidelines, was cited. On 2/10/15, the injured worker submitted an application for IMR for review of Flexeril 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. The medical course has included numerous treatment modalities and use of several medications including NSAIDs and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 12/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to cyclobenzaprine to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records.