

Case Number:	CM15-0029349		
Date Assigned:	02/23/2015	Date of Injury:	01/12/2009
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/18/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on January 12, 2009. The diagnoses have included chronic myofascial pain syndrome, cervical spine strain and left cervical radiculopathy. Treatment to date has included acupuncture, medication and diagnostic studies. Currently, the injured worker complains of continued neck pain which radiated into the left upper extremity. He reported numbness with acute spasm in the left trapezius and reported that his medications helped relieve the pain. On examination, the injured worker had decreased range of motion of the neck and decreased sensation of the left hand. He had decreased strength and reflexes of the bilateral upper extremities. On February 6, 2015 Utilization Review non-certified a request for Flexeril 7.5 mg #90 with three refills, noting that cyclobenzaprine is not intended for long-term use and the documentation does not support evidence of functional improvement with prior use of the medication. The California Medical Treatment Utilization Schedule was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of Flexeril 7.5 mg #90 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26, page 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Flexeril 7.5mg #90 with 3 refills is not medically necessary.