

Case Number:	CM15-0210114		
Date Assigned:	10/29/2015	Date of Injury:	01/15/2015
Decision Date:	12/14/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 41 year old female who sustained an industrial injury on 1-15-2015. A review of medical records indicates the injured worker is being treated for carpal tunnel syndrome, pain in joint pelvic region and thigh, and sprain and strain of lumbosacral. Medical records dated 9-11-2015 noted pain in the neck, right shoulder, low back, and bilateral feet. Pain scale was not available. Physical examination noted weakness, restricted range of motion, and antalgic gait. Treatment has included physical therapy, acupuncture, and flexeril since at least 3- 20-2015. Utilization review form dated 9-25-2015 noncertified Flexeril 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 7.5mg: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The 41 year old patient complains of severe neck pain, right shoulder pain, low back pain, and bilateral foot pain, as per progress report dated 09/11/15. The request is for Flexeril (Cyclobenzaprine) 7.5mg. The RFA for this case is dated 09/11/15, and the patient's date of injury is 01/15/15. Diagnoses, as per progress report dated 09/11/15, included carpal tunnel syndrome, pain in pelvic joint, pain in thigh region, and sprain and strain of lumbosacral region. Medications included Celebrex, Tramadol and Flexeril. Diagnoses, as per progress report dated 03/30/15, included headaches, gastritis and insomnia. Diagnoses, as per progress report dated 03/20/15, included cervical sprain/strain with intermittent radiculopathy, right shoulder strain and possible impingement syndrome, right wrist tendonitis and possible carpal tunnel syndrome, lumbosacral sprain and strain, bilateral hip contusion, and bilateral feet contusion. The patient is off work, as per progress report dated 09/11/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, Cyclobenzaprine is first noted in progress report dated 03/20/15. Prior reports document the use of Soma. The treater, however, does not discuss the efficacy of muscle relaxants in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Furthermore, the request does not include the amount of cyclobenzaprine and the duration of treatment, and MTUS does not support such open-ended request. Hence, the request is not medically necessary.