MAXIMUS Federal Services

Case Number:	CM15-0214639		
Date Assigned:	11/04/2015	Date of Injury:	05/23/2009
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old female patient who sustained an industrial injury on 05-23-09. The diagnoses include chronic pain syndrome, dysthymic disorder, muscle pain, ulnar neuropathy, carpal tunnel syndrome, shoulder pain, cervical radiculitis, cervical degenerative disc disease, and neck pain. Per the doctor's note dated 10-09-15, she had complains of neck, shoulder and right upper extremity pain accompanied by headaches, rated at 9/10 without medications and 6/10 with medications. The physical exam on 10-09-15 revealed tenderness over the cervical paraspinals and right trap and facet joints, and decreased range of motion over the cervical spine due to pain; tenderness to palpation over the facet joints and the right forearm; skin color changes observed on the right forearm. The medications list includes Colace, Norco, Elavil, flector patch and Flexeril. She has undergone right carpal tunnel release, right shoulder procedure and stellate ganglion block. Prior treatment includes psychological treatment, TENS, H wave, and medications. The original utilization review (10-0-15) non certified the Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological

Basis of Therapeutics, 12th Edition, Mcgraw Hill 2010 and Physician's Desk Reference, 68th Edition (www.RxList.com), (http:// www.odg-twc.com/odgtwc/formulary.htm).

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. “Cyclobenzaprine is more effective than placebo in the management of back pain." According to the records provided the patient had chronic neck, shoulder and right upper extremity pain accompanied by headaches, rated at 9/10 without medications and 6/10 with medications. The patient has objective findings on the physical exam-tenderness over the cervical paraspinals and right trap and facet joints, and decreased range of motion over the cervical spine due to pain; tenderness to palpation over the facet joints and the right forearm; skin color changes observed on the right forearm. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 7.5mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.