

Case Number:	CM15-0214746		
Date Assigned:	11/04/2015	Date of Injury:	02/20/2003
Decision Date:	12/16/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/30/2015

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 Jersey

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 66 year old female who sustained a work-related injury on 2-20-03. Medical record documentation on 9-21-15 revealed the injured worker was being treated for cervical strain, muscle spasm, bilateral carpal tunnel syndrome, headaches, right shoulder strain and head contusion. The injured worker was evaluated for headaches, bilateral hand pain, neck pain and right shoulder pain. Her medication regimen included Diclofenac for pain control, Omeprazole for gastrointestinal prophylaxis, and Flexeril to address cervical region muscle spasms. She reported that with this medication regimen, her pain was 3-4 on a 10-point scale and 7 on a 10-point scale without her medications. The evaluating physician noted that the injured worker's medication regimen was providing her 50% relief of her pain symptoms. Objective findings related to the cervical spine included range of motion of extension to 50% of normal, lateral side bending to 25% of normal bilaterally, and rotation to 50% of normal bilaterally. She was able to forward flex reaching her chin within two fingerbreadths from her chest. She had diffuse tenderness to palpation on the right side of the cervical paraspinal muscles and a spasm was noted within the trapezius. She had multiple tender nodules in the right parascapular musculature and a spasm was noted in the proximal aspect of the sternocleidomastoid on the right. She was intact to sensation from C4 through T1 bilaterally and she had 4+ to 5 strength in all muscle groups tested. On 10-12-15, the Utilization Review physician modified Flexeril 7.5 mg dispensed 9-21-15 to Flexeril 7.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there is record of regular use of Flexeril for months leading up to this request for continuation of this drug, which is not a recommended use for this drug class. Although there was evidence of muscle spasm on examination noted, the amount of Flexeril was not included in the request. Therefore, this request for Flexeril 7.5 mg is not medically necessary.