

Case Number:	CM15-0218998		
Date Assigned:	11/10/2015	Date of Injury:	09/07/2014
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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:

The injured worker is a 52 year old male who sustained an industrial injury on 9-7-14. The injured worker reported neck and shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for neck pain, cervical spine stenosis, myalgia and myositis, chronic pain and cervical degenerative disc disease. Medical records dated 10-21-15 indicate "aching and stabbing" pain rated at 6 out of 10 with the use of medications and 9 out of 10 without the use of medications. Provider documentation dated 10-21-15 noted the work status as temporary totally disabled. Treatment has included injection therapy, transcutaneous electrical nerve stimulation unit, Norco since at least May of 2015, Flexeril since at least May of 2015, Xanax since at least May of 2015, Phenergan since at least May of 2015, home exercise program, electromyography (1-19-15), magnetic resonance imaging of the cervical spine (10-8-14), cognitive behavioral therapy, and radiographic studies. Objective findings dated 10-21-15 were notable for cervical spine tenderness and myofascial restriction to the right paraspinals with pain upon range of motion, right arm sensation noted to be diminished. Objective findings dated 8-26-15 were notable for "moderate tenderness and muscle spasm noted over the cervical paraspinals and right periscapular region." The treating physician indicates that the urine drug testing result (7-31-15) showed no aberration. The original utilization review (10-30-15) partially approved a request for Dispensed Flexeril 7.5mg #60, DOS 10-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed Flexeril 7.5mg #60, DOS 10/21/2015: Upheld

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

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 report of the worker using Flexeril for "acute muscle spasm," although it was prescribed for twice a day use. Physical findings did not show muscle spasm recently. Regardless, this medication class is not recommended for chronic use as was prescribed by the provider. Therefore, this request for Flexeril is not medically necessary. Weaning may be indicated.