

Case Number:	CM15-0038035		
Date Assigned:	03/06/2015	Date of Injury:	07/01/2000
Decision Date:	04/22/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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 60 year old female, who sustained an industrial injury on 7/1/2000. The diagnoses have included cervical post-laminectomy syndrome, brachial plexus disorder, common peroneal nerve lesion, inflammatory neuropathy and lumbar post-laminectomy syndrome. Treatment to date has included surgery for thoracic outlet syndrome and cervical fusion, spinal cord stimulator (SCS) and medication. According to the progress report dated 1/14/2015, the injured worker complained of pain in the right neck and ongoing weakness in both hands. She complained of difficulty sleeping and increased numbness in both hands. Medication continued to relieve neck pain. The injured worker reported pain levels ranging from 6-8/10 were reduced to 2/10 with medication. Current medications included Ambien, Cyclobenzaprine, Lunesta and Norco. Exam of the cervical spine revealed tenderness to palpation. There was decreased sensation of the fourth and fifth digits of the right ulnar hand and distal forearm. Medication was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 1/30/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Flexeril Page(s): 63-66, 41-42.

Decision rationale: Based on the 2/10/15 progress report provided by the treating physician, this patient presents with worsening neck pain and right upper extremity radicular pain with tingling and intermittent burning sensation, along with upper back and right anterior chest pain. The treater has asked for FLEXERIL on 2/10/15. The patient's diagnoses per Request for Authorization form dated 2/10/15 are neuropathic pain in the right neck/upper chest/arm, previous thoracic outlet syndrome and surgeries, and recent implantation of dual right-sided cervical Octrode spinal cord stimulator leads; and right flank IPG. The patient is s/p C5-6 anterior discectomy/fusion in 2001, thoracic outlet syndrome surgery with brachial plexus decompression x2 of unspecified date. The patient's Norco has been increased, but the patient's pain has worsened per 2/10/15 report. The patient's symptoms are being managed by the implanted cervical spinal cord stimulator, except the difficulty with chest tightness/coughing which is helped by the medications per 2/10/15 report. The patient's work status is not included in the provided documentation. MTUS pg 63-66 states: "Muscle relaxants (for pain): 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." Flexeril has been included in patient's medications per treater reports dated 6/5/14, 9/18/14, and 2/10/15, and the treater states that "the patient does have frequent bouts of painful muscle spasm helped by the medication" per 9/18/14 report. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The patient has already been on this medication for 8 months from UR date of 2/16/15. Furthermore, the request does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.