

Case Number:	CM15-0040428		
Date Assigned:	03/10/2015	Date of Injury:	09/08/2014
Decision Date:	04/20/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/03/2015

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 48 year old female injured worker suffered an industrial injury on 9/8/2014. The diagnoses were neck strain, right trapezius strain, lumbar muscle strain, discogenic cervical conditions with facet inflammation and headaches, discogenic lumbar condition, internal derangement of both knees, carpal tunnel syndrome bilaterally, and rotator cuff strain. The diagnostic studies were x-rays of the cervical spine. The treatments were physical therapy and medications. The treating provider reported headaches, neck pain, and bilateral shoulder pain with numbness and tingling of the upper extremities. On exam, there was reduced range of motion of the cervical spine due to pain, right shoulder, and left shoulder. There is some tightness of the cervical muscles. The lumbar spine pain was 5/10 with radiation to hip and thigh with back spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in her neck, lower and upper/lower extremities. The request is for Cyclobenzaprine 7.5MG #60. Per 02/16/15 progress report, the patient is currently taking Ibuprofen and Motrin. The patient is currently working part-time. MTUS guidelines page 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 exacerbations 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." In this case, the treater requested Flexeril for muscle spasms. There is no discussion regarding how long the patient has been utilizing this medication with what effectiveness. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. The current request for #60 does not indicate intended short-term use. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request IS NOT medically necessary.