

Case Number:	CM15-0045656		
Date Assigned:	03/18/2015	Date of Injury:	03/08/2011
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 65 year old male, who sustained a work/ industrial injury on 3/8/11. He has reported initial symptoms of neck, lumbar, left finger pain. The injured worker was diagnosed as having lumbar and cervical spine sprain/strain. Treatments to date included medication, physical therapy, trigger thumb release (1/24/13), and diagnostics. Magnetic Resonance Imaging (MRI) of the cervical spine noted multilevel degenerative disc disease with stenosis; lumbar area had mild Degenerative Disc Disease (DDD). Currently, the injured worker complains of pain in cervical and lumbar area along with left shoulder, left elbow, and left thumb with mild improvement from last exam. The treating physician's report (PR-2) from 1/13/15 indicated cervical and lumbar spine tenderness and spasm and left long finger tenderness and triggering. Medications included Naproxen and Flexeril. Treatment plan included Flexeril 10mg #30 refill and return visit in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
cyclobenzaprine Page(s): 41.

Decision rationale: According to guidelines, Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. According to the medical records the patient has been using muscle relaxants for a prolonged period of time and is not recommended and thus not medically necessary.