

Case Number:	CM15-0081769		
Date Assigned:	05/04/2015	Date of Injury:	09/04/2001
Decision Date:	06/02/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, 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 60 year old female, who sustained an industrial injury on 9/4/2001. She reported injury of the low back and neck from repetitive motions. The injured worker was diagnosed as having spontaneous aggravation of bilateral lumbar radiculopathy, cervical strain, right cervical radiculopathy, bilateral shoulder strain, bilateral hip pain, muscle contraction/post traumatic headaches, bilateral wrist and hand strain, and tendinitis. Treatment to date has included medications, x-rays, CT scan, electrodiagnostic studies, magnetic resonance imaging, evaluations, physical therapy, and chiropractic care. The request is for Flexeril. The records indicate she has utilized Flexeril since 9/17/2001. On 3/10/2015, she complained of low back pain rated 9/10, bilateral hip pain rated 0/10, cervical spine pain rated 10/10, and bilateral shoulders pain rated 8/10. She reported that her pain level for all would decrease to 6/10 with medications allowing her to do activities of daily living. The record indicates that her low back pain with radiation to the lower extremities, and neck pain have increased. The treatment plan included pain management, Flexeril, Norco, Menthoderm topical cream, magnetic resonance imaging of the lumbar spine, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril intermittently for several years in combination with opioids. Continued and chronic use is not medically necessary and not recommended.