

Case Number:	CM15-0084552		
Date Assigned:	05/06/2015	Date of Injury:	01/22/2007
Decision Date:	06/12/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 39-year-old female, who sustained an industrial injury on January 22, 2007 while working at a meat packing company. The injured worker sustained two injuries in 2007 related to falls in which she sustained injuries to the low back, right hand and bilateral wrists. The diagnoses have included cervical spine disc protrusions, lumbar spine herniated nucleus pulposus with radicular symptoms, lumbar radiculopathy and left wrist triangular fibrocartilage complex tear. Treatment to date has included medications, radiological studies, electrodiagnostic studies, extracorporeal shockwave treatment, epidural steroid injections, pain management consultation, physical therapy, left wrist surgery and lumbar spine surgery. Current documentation dated March 24, 2015 notes that the injured worker reported headaches, neck pain, bilateral shoulder pain, bilateral forearm/wrist/hand pain, low back pain and right leg pain, which were unchanged from the prior visit. Objective findings included palpable tenderness of the cervical spine, lumbar spine and sacroiliac joints. Range of motion of the cervical spine and lumbar spine were noted to be decreased. Bilateral shoulder examination revealed tenderness to palpation of the paraspinal muscles and spasms of the left trapezius muscle region. Range of motion of the bilateral shoulders was also decreased. The treating physician's plan of care included a request for the medication Cyclobenzaprine 10 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (cyclobenzaprine), 10mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.