

Case Number:	CM15-0087742		
Date Assigned:	05/11/2015	Date of Injury:	09/15/2010
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/07/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 a 52-year-old female, who sustained an industrial injury on September 15, 2010. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having chronic cervical strain, chronic lumbar strain, left knee strain, and bilateral shoulder strain. Diagnostic studies to date have included MRIs and electro diagnostic studies. Treatment to date has included physical therapy, epidural injections, work modifications, a cervical pillow, and medications including muscle relaxant, topical pain, and antidepressant. On March 11, 2015, the injured worker complains of continued neck pain, which is rated 7-8/10. Rest and medications improve her pain, and activities and changes in weather worsen the pain. She has continued lumbar pain also. The treating physician noted continued cervical spine, bilateral shoulder, and bilateral lower extremity symptomology. She is not currently working. The physical exam revealed loss of cervical range of motion with muscular hypertonicity and tenderness over the paravertebral muscles and upper trapezius muscles. The lumbar spine exam revealed tenderness, significant loss of range of motion, a positive right straight leg raise at 60 degrees with pain radiating into the posterior thigh, deep tendon reflexes of the right knee and bilateral Achilles, and decreased sensation over the bilateral anterior and lateral thigh and the left dorsal foot. The left knee had medial tenderness; a positive McMurray's sign, limited range of motion, and mild effusion. The treatment plan includes Flexeril.

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 Muscle Relaxants (for pain) Page(s): 63-66.

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the patient has been taking cyclobenzaprine since at least September 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.