

Case Number:	CM15-0088616		
Date Assigned:	05/12/2015	Date of Injury:	12/01/2004
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 12/1/04. He reported low back pain. The injured worker was diagnosed as having low back pain, failed back syndrome, bilateral lumbar radiculitis, bilateral meralgia paresthetica, neck pain, cervical degenerative disc disease, cervical spondylosis, chronic right C5-6 radiculopathy, right shoulder pain, labral tear of right shoulder, right rotator cuff syndrome, right lateral epicondylitis and bilateral carpal tunnel syndrome, status post bilateral carpal tunnel releases. Treatment to date has included oral medications including opioids, lumbar surgery in 2006, bilateral carpal tunnel release, physical therapy and injections. (MRI) magnetic resonance imaging of lumbar spine was performed on 8/5/14 and revealed post-surgical appearance status post left hemilaminotomy, mild annular disc bulge, left posterior lateral annular fissure causing mild bilateral neural foraminal narrowing and no central canal stenosis. Currently, the injured worker complains of right shoulder pain, right arm pain, right elbow pain, low back pain, bilateral lower extremity pain and numbness in both hands. He rates the pain as 3-6/10 and it is alleviated with medications. Physical exam noted tenderness over the right lateral epicondyle and right common extensor tendon with limited range of motion of both shoulders and tenderness over the right lower lumbar paraspinal muscles and tenderness and tightness over the trapezius muscles and cervical paraspinal muscles with limited range of motion of cervical spine. A request for authorization was submitted for Lyrica, Lunesta, Colace, neurology consult, Norco, Lidoderm patches, Flector, Nexium and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 12/1/04. The medical records provided indicate the diagnosis of low back pain, failed back syndrome, bilateral lumbar radiculitis, bilateral meralgia paresthetica, neck pain, cervical degenerative disc disease, cervical spondylosis, chronic right C5-6 radiculopathy, right shoulder pain, labral tear of right shoulder, right rotator cuff syndrome, right lateral epicondylitis and bilateral carpal tunnel syndrome, status post bilateral carpal tunnel releases. Treatment to date has included oral medications including opioids, lumbar surgery in 2006, bilateral carpal tunnel release, physical therapy and injections. The medical records provided for review do not indicate a medical necessity for Flexeril 5mg #60. Flexeril is a muscle relaxant containing Cyclobenzaprine. The recommended dosing for Cyclobenzaprine is 5-10 mg three times daily for not longer than 2-3 weeks. The records indicate the injured worker has been on muscle relaxants for more than 6 months, has been on Flexeril at least since 4/2015. The request is not medically necessary.