

Case Number:	CM15-0232301		
Date Assigned:	12/07/2015	Date of Injury:	02/07/2000
Decision Date:	01/14/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/25/2015

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: 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 57 year old female, who sustained an industrial injury on 2-07-2000. The injured worker was diagnosed as having major depressive disorder, single episode, unspecified, generalized anxiety disorder, and psychological factors affecting medical condition. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, chiropractic, mental health treatment, and medications. On 11-02-2015 (psych), the injured worker complains of depression, changes in appetite, lack of motivation, difficulty getting to sleep and staying asleep, excessive worry, restlessness, tension, agitation, tension headache, TMJ-jaw clenching, decreased energy, difficulty thinking, inability to relax, pressure, increased pain, pessimism, early morning awakening, nausea, intrusive recollections, peptic acid reaction, abdominal pain-cramping, and constipation. Objective findings noted her initially presenting as soft spoken with depressed facial expressions and visible anxiety. Functional improvement was documented as less yelling, nervous, fewer GI symptoms, and reporting that she can comprehend TV. Current work status was not specified. Medications prescribed per the Request for Authorization dated 10-15-2015 included Lunesta, Venlafine, Flexeril, Atarax, and Ranitidine. Additional progress report (9-28-2015) noted complaints of pain primarily in the left shoulder and left arm, rating pain 9 out of 10 without medication (pain level with medication use not specified). On 9-28-2015, her current medications were documented to include Omeprazole, Linzess, Cymbalta, Ibuprofen, Norflex, Butrans patch, and Norco. On 11-05-2015 Utilization Review non-certified a request for Flexeril 10mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Flexeril 10mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril is Cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. This request with multiple refills violate short term use requirement. The number of tablets and refills are not consistent with short term use. Cyclobenzaprine is not medically necessary.