MAXIMUS Federal Services

Case Number:	CM15-0234548		
Date Assigned:	12/10/2015	Date of Injury:	02/09/2013
Decision Date:	01/12/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/01/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 63-year-old female injured worker suffered an industrial injury on 2-9-2013. The diagnoses included chronic pain due to trauma, cervicalgia, headache, and pain in the right shoulder. On 11-12-2015, provider reported neck pain with right facial and upper extremity paresthesia and pain. She reported the headaches were so severe she gets blurry vision. On exam there was cervical rigidity, spasms, tender scapular muscles, tender paraspinal muscles, and trigger points. The range of motion was limited due to stiffness. There was mild to moderate weakness of the right upper extremity with diminished right grip strength. The Spurling's test was positive. Prior treatments included acupuncture and physical therapy. Medications in use were Flexeril, Relafen, and Norco. She reported the medications allow her to function and keep up with work activities. Flexeril had been in use at least since 8-2015. The medical record did not include objective evidence of effectiveness. There was no evidence of an acute pain flare. Diagnostics included brain and cervical MRI 10-1-2014 and 12-29-2014, and right shoulder MRI 5-15-2015. Utilization Review on 11-30-2015 determined modification for Flexeril 10mg #30 to #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: 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: Per the cited MTUS guideline, Flexeril is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes state the injured worker has maintained basic functioning with work activities due to her medications, but it was not specific to Flexeril. Furthermore, Flexeril is only indicated for short-term usage, which has been exceeded in this case. Therefore, the request for Flexeril 10mg #30 is not medically necessary per the MTUS guidelines.