

Case Number:	CM15-0241756		
Date Assigned:	12/18/2015	Date of Injury:	09/25/2007
Decision Date:	01/25/2016	UR Denial Date:	12/10/2015
Priority:	Standard	Application Received:	12/11/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year-old female with a date of injury on 9-25-2007. A review of the medical records indicates that the injured worker is undergoing treatment for reflex sympathetic dystrophy of upper limb and chronic pain syndrome. According to the progress report dated 12-1-2015, the injured worker complained of neck pain radiating to her shoulders rated 7 out of 10. The pain was associated with headache, muscle spasms, myalgias, neck pain, numbness in the right hand, pins and needles in both hands and weakness. It was noted that she had increased her reliance on Cyclobenzaprine to relieve spasms at night for sleep. She was working full time. The physical exam (12-1-2015) revealed restricted cervical spine range of motion. Muscle spasms and tenderness were noted on both sides of the paravertebral muscles. Tenderness was noted at the paracervical muscles and trapezius. There was tenderness over both shoulders and elbows. Treatment has included cervical epidural steroid injection and medication. Current medications (12-1-2015) included Norco, Senna, Cyclobenzaprine (since at least 6-2015), Omeprazole, Terocin Patches, Lidopro ointment, Topiramate, Lexapro and Wellbutrin. Cyclobenzaprine was lowered from 7.5mg to 5mg. The request for authorization was dated 12-1-2015. The original Utilization Review (UR) (12-10-2015) denied a request for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5MG #30: Upheld

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

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

Decision rationale: This 36 year old female has complained of arm pain, neck pain and hand pain since date of injury 9/25/2007. She has been treated with epidural steroid injections, physical therapy and medications to include Flexeril since at least 06/2015. The current request is for Flexeril. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only. Additionally, the addition of Cyclobenzaprine to other agents is not recommended. Based on the available medical records and per the MTUS guidelines cited above, Cyclobenzaprine is not considered medically necessary for this patient.