

Case Number:	CM15-0244950		
Date Assigned:	12/24/2015	Date of Injury:	05/24/2000
Decision Date:	01/29/2016	UR Denial Date:	12/10/2015
Priority:	Standard	Application Received:	12/16/2015

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: 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:

This 67 year old woman sustained an industrial injury on 5-24-2000. Diagnoses include low back pain, thoracic back pain, cervical spine degenerative disc disease with myelopathy, neck pain, cervical radiculitis, displacement of thoracic intervertebral disc, lumbar degenerative disc disease, myalgia, and status post cervical spine surgery. Treatment has included oral medications including Norco (since at least 5-2015), Ibuprofen (since at least 5-2015), Ambien (since at least 5-2015), Abilify (since at least 5-2015), Zoloft (since at least 5-2015), and Xanax (since at least 5-2015). Physician notes dated 11-30-2015 showed complaints of improved neck pain and worsening low back pain. The worker rates her pain 8-9 out of 10 without medications and 3 out of 10 with medications. The physical examinations show mild tenderness and spasms in the cervical spine with "decreased" range of motion. The lumbar spine shows tenderness to the paraspinal muscles with palpable spasms and "full" range of motion. Recommendations include Norco, urine drug screen, Flexeril, and follow up in one month. Utilization review modified a request for Flexeril on 12-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: 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: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Flexeril (also known as cyclobenzaprine). Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate that Flexeril is being prescribed as a long-term treatment for this patient's symptoms. As noted in the above cited MTUS guidelines, only short-term therapy is recommended. Further, there is no evidence in the medical records that long-term use has been associated with improved functional outcomes. For these reasons, Flexeril is not medically necessary.