

Case Number:	CM14-0132906		
Date Assigned:	08/22/2014	Date of Injury:	05/04/2010
Decision Date:	11/20/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female with an injury date of 05/04/2010. Based on the 04/14/2014 progress report, the patient complains of having neck pain which radiates down bilaterally to the upper extremity. The patient also has lower back pain which radiates down to the bilateral lower extremities. She rates her pain as an 8/10 with medications and a 10/10 without medications. The patient has limited daily limitations such as ambulation and sleep. She has a slow and antalgic gait. Spinal vertebral tenderness was noted at the cervical spine C5-C7, and there was tenderness noted in the trapezius muscles bilaterally as well. The C5-C7 bilateral paravertebral muscles were tender upon palpation. Myofascial trigger points are noted in the trapezius muscles bilaterally and levator muscles bilaterally. The range of motion of the cervical spine is restricted due to pain. In regards to the lumbar spine, there is tenderness noted upon palpation at L4-S1 levels. Range of motion of the lumbar spine is also limited secondary to pain. The 07/18/2014 report indicates that the patient has tenderness over her lumbar spine as well as spasms. The 08/13/2010 EMG revealed the following: 1. Mild chronic C5-C6 radiculopathy on the right and left; 2. Chronic L5-S1 radiculopathy on the right and left. The patient's diagnoses include the following: 1. Cervical radiculopathy; 2. Cervical strain/sprain; 3. History of cervical radiculopathy per EMG/NCV on 08/13/2010; 4. Lumbar disk degeneration; 5. Chronic pain, other; 6. Lumbar facet arthropathy; 7. Lumbar radiculopathy; 8. Status post fusion, lumbar spine; 9. Medication related dyspepsia; 10. Status post lumbar spine fusion with cage on 05/16/2013. The utilization review determination being challenged is dated 08/08/2014. Treatment reports were provided from 02/17/2014 - 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: Based on the 07/18/2014 progress report, the patient complains of having neck pain as well as lower back pain. The request is for Flexeril 7.5 mg #180. The patient has been taking Flexeril as early as 03/18/2014. MTUS page 64 states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, the patient has been taking Flexeril as early as 03/18/2014 which is on a long term basis. Therefore, recommendation is that the request is not medically necessary.