

Case Number:	CM14-0137464		
Date Assigned:	09/05/2014	Date of Injury:	10/11/2004
Decision Date:	10/09/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 44-year-old female who reported an injury from heavy pulling and twisting on 10/11/2004. On 05/29/2014, her diagnoses included status post anterior cervical discectomy and fusion from C4-6, postoperative MRI revealing spur complex above the fusion site causing neural foraminal compromise with encroachment, there was also a palpable muscle spasm in the right cervical paraspinal and trapezius muscles and history of carpal tunnel syndrome on the right plus depression. Her complaints included constant neck pain with muscle spasms and frequent headaches at the base of her skull. The spasms radiated from the right side of her neck into the right shoulder blade area. Her medications included Percocet 5/325 mg, ibuprofen 800 mg, Zanaflex 4 mg, and Wellbutrin XL 300 mg. On 06/27/2014, it was noted that she had been using Flexeril tablets periodically for spasms, but stated that at times they did not help. Other times she stated she resorted to a low dose of 5 mg Valium which she found helpful. In her treatment plan, it was noted that her severe neck spasms were not relieved by Flexeril use, but a prescription for Flexeril 10 mg was written. She was directed to alternate the Flexeril and the Valium, depending on the severity of her muscle spasms. On 08/07/2014, it was noted that she was alternating Flexeril and Valium for her muscle spasms depending upon the severity. A Request for Authorization dated 08/12/2014 was included in her chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Flexeril 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66..

Decision rationale: The request for one prescription of Flexeril 10mg, #30 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic pain. Efficacy appears to diminish over time. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The use of a central nervous system depressant in a person who has a diagnosis of depression should be done judiciously. The documentation revealed that this injured worker had been using Flexeril since 06/27/2014, which exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration specified in the request. Therefore, this request for one prescription of Flexeril 10mg, #30 is not medically necessary.