

Case Number:	CM14-0147239		
Date Assigned:	09/15/2014	Date of Injury:	09/27/2002
Decision Date:	10/16/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/10/2014

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 & Rehabilitation, has a subspecialty in pain management and is licensed to practice in Texas & Oklahoma. 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 62-year-old female who reported injury on 09/27/2002. The diagnoses included cervical spondylosis, thoracic/lumbosacral radiculopathy, and cervical disc displacement. The past treatments included a radiofrequency rhizotomy at the left C3, C4, C5 and C6 on 11/15/2013, and medications. An MRI, dated 10/24/2011, was noted with relapse of right C6 radiculopathy and intermittent pain in the cervicothoracic region and right shoulder. The progress note, dated 08/08/2014, noted the injured worker complained of pain to the cervical spine, neck, and bilateral upper extremities rated 7/10. The physical exam revealed a negative Spurling's test, full cervical rotation and extension, 2+ upper extremity deep tendon reflexes bilaterally, tenderness over the left acromioclavicular joint and a positive Hawkins and impingement test on the left side. Medications included Norco 10/325 mg every 8 hours. The treatment plan requested authorization for a left acromioclavicular joint and subacromial bursa steroid injection, a right C5-6 epidural steroid injection, and to prescribe Flexeril 7.5 mg twice a day for flare ups #30, noting this may be used over 2 to 3 months for flare ups only, Naprosyn 500 mg twice a day for 5 to 7 days for flare ups #60, Gabapentin 600 mg twice a day for severe spinal stenosis at C5-6, and quarterly urine drug screens to ensure compliance of opioid drug treatment protocol and narcotic contract. The Request for Authorization form was submitted for review on.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

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

Decision rationale: The injured worker had pain rated 7/10 to her cervical spine and neck radiating to her bilateral upper extremities. The California MTUS Guidelines recommend Flexeril for a short course of therapy. This medication is not recommended to be used for longer than 2 to 3 weeks. Dosing recommendation is for 5 mg 3 times a day and can be increased to 10 mg 3 times a day. The addition of Flexeril to other agents is not recommended. The intended frequency of the medication was not included to determine medical necessity. The 7.5 mg dose exceeds the recommendation for initial dosing and the amount supplied may extend past the recommended 2 to 3 week course of treatment. There was no indication of spasm on the physical exam. The simultaneous addition of Flexeril, Naprosyn and gabapentin to Norco is not supported. Given the previous, the use of Flexeril is not recommended at this time. Therefore, the request is not medically necessary.