

Case Number:	CM14-0152640		
Date Assigned:	09/22/2014	Date of Injury:	12/13/2007
Decision Date:	10/28/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

This is a 53-year-old male with a 12/12/2007 date of injury, due to a motor vehicle accident. 8/19/14 determination was non-certified given no explicit documentation of spasm relief from the use of this medication. 8/21/14 pain management evaluation revealed neck pain radiating into the left upper extremity. Pain without medication 4-5/10 and with medication 2/10. The patient had been taking Naproxen and Flexeril. He took one tablet one to two times a weeks. Exam revealed tenderness over the cervical spine and paraspinals muscles with minimal stiffness. There is no spasm. Range of motion was painful and within normal limits. The patient had tenderness to palpation over the posterior aspects of the scapular muscles. There was tenderness over the medial and lateral epicondyles. There was radicular pain in the C5-C6 distribution. Diagnoses include myofascial sprain and strain of the cervical spine, multilevel degenerative disc disease, cervical radiculopathy, bursitis of the left shoulder, medial and lateral epicondylitis, and cumulative trauma. There were several additional medical report provided and none of them identify muscle spasms on exam. In addition, it appears that the patient had been on this medication since at least December 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treat.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. The patient did not have muscle spasms on exam on the most recent report or any other medical report provided. There was no clear indication of a rationale for continued prescription of muscle relaxants, or an indication of an end-of-treatment plan. Therefore, Flexeril 10mg #30 is not medically necessary.