

Case Number:	CM14-0168128		
Date Assigned:	10/15/2014	Date of Injury:	10/19/2013
Decision Date:	11/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family 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 years old female patient who sustained an injury on 10/19/2013. She sustained the injury when she bent down to get something out of the refrigerator and she stood back up, she hit her head on the freezer door. The diagnoses include cervical thoracic strain, bilateral shoulder strain and probable old traumaticinjury syndrome, post traumatic headaches, vertigo and blurred vision. Per the doctor's note dated 8/7/2014, she had persistent headache and vertigo atleast 4 times per week. The physical examination revealed cervial spine- positive foraminal compression test bilaterally, positive spurling test bilaterally; bilateral upper extremities- positive Tinel's sign in bilateral elbows with positive elbow flexion test; positive Tinel's sign and Phalen's maneuver at bilateral wrists and hands. The medications list includes meclizine, topamax, docusate sodium, flexeril and motrin. Her surgical history includes ectopic pregnancy in 1990 and thyroidectomy in 1999. She has had CT scan of the head. Prior diagnostic study reports were not specified in the records provided. She was advised to start positional therapy for vertigo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This is a request for Flexeril 10 mg x 60. Flexeril contains Cyclobenzaprine, which is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use....This medication is not recommended to be used for longer than 2-3 weeks." According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for flexeril on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm is not specified in the records provided. Short term or prn use of flexeril in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 60 Flexeril 10 mg, as submitted, is not deemed medically necessary. The medical necessity of Flexeril 10mg QTY: 60 is not established for this patient.