

Case Number:	CM14-0084869		
Date Assigned:	09/10/2014	Date of Injury:	04/30/2001
Decision Date:	10/06/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 Management 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:

According to the records made available for review, this is a 58-year-old female with a 4/30/01 date of injury. At the time (5/9/14) of request for authorization for Flexeril 10 MG # 30, there is documentation of subjective (pain across the neck, severe cramp, burning pain across the shoulder blade area) and objective (neck range of motion very limited, palpable spasm with loss of cervical lordotic curvature, bilateral shoulder tenderness and positive impingement) findings, current diagnoses (cervical sprain/strain with rather severe underlying spondylosis with cervical muscle spasm, chronic myofascial neck pain, history of bilateral shoulder injuries with tendinopathy, sprain/strain injury, history of chronic tendonitis in the elbows and forearms, stable), and treatment to date (medications (including ongoing use of Flexeril since at least 12/12)). 4/28/14 medical report identifies that the patient reports decrease in pain from 9/10 to 7/10 and 50% functional improvement with activities of daily living with medications. There is no documentation of an acute exacerbation of chronic pain, that Flexeril is being used as a second line option, and an intention for short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain with rather severe underlying spondylosis with cervical muscle spasm, chronic myofascial neck pain, history of bilateral shoulder injuries with tendinopathy, sprain/strain injury, history of chronic tendonitis in the elbows and forearms, stable. In addition, given documentation of decrease in pain from 9/10 to 7/10 and 50% functional improvement with activities of daily living with medications, there is documentation of functional benefit or improvement as a result of Flexeril use to date. However, there is no documentation of an acute exacerbation of chronic pain and that Flexeril is being used as a second line option. In addition, given medical records reflecting prescription for Flexeril since at least 12/12, there is no documentation of an intention for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10 MG # 30 is not medically necessary.