

Case Number:	CM14-0095141		
Date Assigned:	09/16/2014	Date of Injury:	11/19/2003
Decision Date:	10/20/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/23/2014

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 56-year-old female with an 11/19/03 date of injury. At the time (6/9/14) of request for authorization for Flexeril 10mg #90, there is documentation of subjective (neck pain radiating to bilateral upper extremities and numbness/tingling to right hand) and objective (tenderness to palpation over cervical spine, decreased sensation to light touch over bilateral upper extremities, decreased range of motion to bilateral shoulder) findings, current diagnoses (cervical radiculopathy, bilateral carpal tunnel syndrome, and broad-based central and right paracentral disc protrusion), and treatment to date (medications (including ongoing treatment with Flexeril since at least 2013, Norco, and Zolof)). Medical report identifies that medications help decrease pain by about 60-70%, able to do daily activities, and increase quality of life. There is no documentation of acute exacerbation of chronic low back pain and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42. 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 that Flexeril is recommended for a short course of therapy. 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 as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, bilateral carpal tunnel syndrome, and broad-based central and right paracentral disc protrusion. In addition, there is documentation of ongoing treatment with Flexeril and Flexeril used as a second line option. Furthermore, given documentation that medications help decrease pain by about 60-70%, able to do daily activities, and increase quality of life, there is documentation of functional benefit and an increase in activity tolerance a result of Flexeril use to date. However, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Flexeril since at least 2013, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #90 is not medically necessary.