

Case Number:	CM14-0194799		
Date Assigned:	12/02/2014	Date of Injury:	08/03/2002
Decision Date:	01/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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 Practice and is licensed to practice in Texas and Mississippi. 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 59 year old female injured worker suffered an industrial accident on 8/3/2002. The details of the accident and the original injury were not included in the medical records provided. The injured worker had a physician's visit on 11/4/2014 which listed the current injuries as temporomandibular joint disorder, cervicobrachial syndrome, depression treated with electroconvulsive therapy and backache. The injured worker reported that neck and shoulder pain starting in the scapular region and going down both arms along with low back pain. The exam revealed decreased range of motion and diffuse tenderness. The treatments in the recent past included medications, 6 sessions of acupuncture, massage, heat applications, home exercise program, activity reduction and functional restorative program. The medical records did not describe the effectiveness of the treatments. On a prior visit the physician changed the muscle relaxant from Soma to Flexeril 7.5 mg 2 times daily. The rationale for switching the medications was not included in the medical record. At the 11/4/2014 physician visit, the injured worker reported that the Flexeril 7.5mg was not effective reporting muscle pain and the "whole body hurts" and therefore the physician prescribed an increase Flexeril to 10mg, 2 to 3 times daily as needed for 90 tablets including 2 refills. The UR decision on 11/12/2014 indicated that this medication is only to be prescribed for no longer than 2 to 3 weeks. Also the quantity of 90 tablets with 2 refills was not supported as periodic assessment was appropriate to monitor the patient's objective functional improvement and/or side effects prior to its continuation.

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 ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The request for Flexeril 10 mg #90 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg #90 exceeds the guideline recommendation of short term therapy. The provided medical records lack documentation of significant objective functional improvement with the use of the medication. The provider's rationale for the request was not provided within the documentation. As such, medical necessity has not been established.