

Case Number:	CM14-0215943		
Date Assigned:	01/06/2015	Date of Injury:	07/02/2009
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 35 year old female with an industrial injury dated July 2, 2009. The injured worker's diagnoses include status post cervical discectomy arthrodesis at C5-C6, C6-7 on November 3, 2014, chronic pain syndrome, left shoulder strain, tendonitis, impingement syndrome, tendonitis, carpal tunnel syndrome, hypertension, symptoms of anxiety and depression, and symptoms of insomnia. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 10/8/2014, physical exam revealed restricted cervical mobility with muscle guarding and spasms with asymmetric loss of range of motion. The treating physician prescribed Flexeril 7.5mg tablet #240. Utilization Review (UR) determination on December 08, 2014 modified the request to Flexeril 7.5mg tablet #60, 2 weeks supply citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg tab.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril
Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, it was combined with Percocet. The quantity was not specified; however, the initial note of 240 tabs indicates long-term use. The Flexeril as prescribed is not medically necessary.