

Case Number:	CM14-0217385		
Date Assigned:	01/07/2015	Date of Injury:	03/28/2011
Decision Date:	06/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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: North Carolina

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 34-year-old female, who sustained an industrial injury on 3/28/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having myoligamentous cervical spine sprain/strain, right shoulder impingement syndrome and tendinitis, possible carpal tunnel syndrome, and right wrist tendinitis. Treatment to date has included medications. On 11/12/2014, the injured worker complains of ongoing discomfort in her cervical spine, right shoulder, and bilateral wrists. She stated that they have remained the same, maybe worse. She rated pain at rest 6/10, increasing to 8-10/10 with activity. She reported numbness and tingling in her fingers and weakness in her hands and fingers. She admitted to weight gain, trouble sleeping, heartburn, and change in bowel habits, constipation, nervousness, stress, and depression. Current medication use included Flexaril, Motrin, and Xanax, which she reported as beneficial. Exam of the right shoulder noted tenderness to palpation of the right trapezius with palpable spasm and a positive Hawkins test. The treatment plan noted replacement of right wrist splint and Flexaril. Her work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41-42, 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.