

Case Number:	CM15-0005167		
Date Assigned:	01/26/2015	Date of Injury:	08/22/2001
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas, 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:

This is a 51 year old female patient, who sustained an industrial injury on August 22, 2001. He has reported an injury that occurred while opening a stuck filing cabinet, she fell backwards. The diagnoses have included left shoulder sprain, and right carpal tunnel syndrome. Per the doctor's note dated 12/9/2014, she had lower back and left hip pain, carpal tunnel syndrome on the right side. She also reports headaches, pain of the left shoulder, neck, mid-lower back, and left hip. The physical examination revealed pain, spasm and limited range of motion of the lumbar spine and decreased sensation in the left leg. The medications list includes morphine, lisinopril, flexeril, norco, ambien and lidoderm patches. Treatment to date has included trigger point injections, bracing, acupuncture, medications, and massage. The records indicate she has been prescribed Flexeril since at least April 10, 2014. On December 29, 2014, Utilization Review non-certified Flexeril 10 mg, quantity #90 with three refills, based on MTUS, Chronic Pain Medical Treatment guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of Flexeril 10 mg, quantity #90 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Page(s): page 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy." Cyclobenzaprine is more effective than placebo in the management of back pain. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had complaints of lower back and left hip pain, pain of the left shoulder, neck and mid-lower back. The physical examination revealed pain, spasm and limited range of motion of the lumbar spine and decreased sensation in the left leg. Therefore the pt has a chronic condition and has objective evidence of muscle spasms. Use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10 mg #90 with 3 refills is deemed medically appropriate and necessary.