

Case Number:	CM15-0105071		
Date Assigned:	06/09/2015	Date of Injury:	07/09/2008
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: 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 54 year old female, who sustained an industrial injury on 7/9/08. The diagnoses have included cervical discogenic disease, cervical facet arthrosis, left shoulder tendinitis, left shoulder impingement syndrome, lumbar discogenic disease, chronic low back pain, and cervical and lumbar facet arthrosis. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, transcutaneous electrical nerve stimulation (TENS) and other modalities. Currently, as per the physician progress note dated 2/26/15, the injured worker complains of continued neck and low back pain and left greater than right shoulder pain. The physical exam reveals cervical spasm, painful and decreased range of motion, pain with axial compression, and pain that radiates, left greater than right arm, and she has tingling. The lumbar spine exam reveals spasm, decreased range of motion with extension and rotation, flexion and side bending with pain. There was a positive straight leg raise both legs. The exam of the left shoulder reveals positive impingement sign, painful range of motion, and forward flexion and abduction to 90 degrees. The diagnostic studies included Magnetic Resonance Imaging (MRI) of the left shoulder, cervical and lumbar spine. The current medications included Norco, Neurontin and Flexeril. She states that the medications help her to perform her activities of daily living (ADL). The urine drug screen dated 2/26/15 was inconsistent with the medications prescribed. Work status is permanent and stationary. The physician requested treatment included Flexeril 10mg #60.

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.

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. Also 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.