

Case Number:	CM15-0014143		
Date Assigned:	02/02/2015	Date of Injury:	06/02/2006
Decision Date:	03/20/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/26/2015

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 66 year old female patient, who sustained an industrial injury on 6/1/06. She has reported sharp pain in neck with radiation to left arm. The current diagnosis includes cervical herniated nucleus pulposus. Per the doctor's note dated 2/4/2014, she had minimum discomfort with range of motion. The physical examination revealed positive Spurling test, trapezius and rhomboid spasm, decreased range of motion and pain with range of motion. As of the PR2 dated 11/17/14, she reported minimal stiffness with range of motion and no headaches after trigger point injections. The medications list includes flexeril and lidoderm patches. She has had MRI of the cervical spine dated 10/18/2011 which revealed disc protrusion at C4-5 and C6-7. She has had cervical nerve root block on 4/27/2012. She has had chiropractic treatments and trigger point injections for this injury. The treating physician requested to continue current medications including Flexeril 10mg #30. On 1/19/15 Utilization Review modified a request for Flexeril 10mg #15. The utilization review physician cited the MTUS guidelines for chronic pain medical treatments. On 1/26/15, the injured worker submitted an application for IMR for review of Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Overturned

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

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

Decision rationale: Request: Flexeril 10mg #30 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 cervical discomfort with decreased range of motion with spasm and positive Spurling test. Therefore the patient has chronic pain with significant objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10mg #30 is medically appropriate and necessary to use as prn during acute exacerbations.