

Case Number:	CM15-0015358		
Date Assigned:	02/03/2015	Date of Injury:	09/27/2013
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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 34 year old female patient, who sustained an industrial injury on 09/27/2013. She has reported right shoulder and neck pain. The diagnoses include chronic right shoulder pain; and chronic neck pain with radiation down to right upper extremity. Per the doctor's note dated 1/6/2015, she had significant improvement after injection. The physical examination revealed limited cervical range of motion. Per the progress note dated 12/09/2014 she had complaints of right shoulder pain and neck pain; pain at 8-9/10 without medication, and 3/10 with medication; with medication she is able to function in her home responsibilities and self-care activities of daily living. Physical examination revealed limited cervical spine range of motion in both flexion and extension; the rest of the examination unchanged. The medications list include Norco, Flexeril, Relafen and biofreeze topical cream. She has had a cervical selective nerve root block in 12/2014. She has had right shoulder MRI on 1/2/2014 which revealed mild tendinosis of supraspinatus tendon. She has had physical therapy visits for this injury. On 01/05/2015 Utilization Review modified a request for Flexeril 10 mg, #60, to Flexeril 10 mg, QTY: 20. The CA MTUS was cited. On 01/26/2015, the injured worker submitted an application for IMR for review of Flexeril 10 mg, #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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Page(s): page 64.

Decision rationale: Request: Flexeril 10mg, #60Cyclobenzaprine 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. Limited, mixed-evidence does not allow for a recommendation for chronic use." Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. 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 right shoulder and neck pain. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for Cyclobenzaprine Hydrochloride on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm or an acute exacerbation in a recent note is not specified in the records provided. The need for 60 tablets of Flexeril 10mg, as submitted, was not deemed medically necessary. The medical necessity of Flexeril 10mg, #60 is not established for this patient.