

Case Number:	CM15-0017277		
Date Assigned:	02/05/2015	Date of Injury:	06/17/2003
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female, with a reported date of injury of 08/17/2003. The diagnosis includes lumbar spine spondylolisthesis at L4-5, lumbar spine degenerative disc disease, cervical spine degenerative disc disease, status post right shoulder open acromioplasty, and left shoulder arthroscopy. Treatments have included oral medications, x-ray of the lumbar spine, neck, and left arm, physical therapy, pain management care, nerve conduction studies of the lower extremities, a transcutaneous electrical nerve stimulation (TENS) unit, an epidural steroid injection in the lumbar spine, bilateral shoulder surgery, and an MRI of the right shoulder, lumbar spine, and neck. The initial comprehensive orthopedic evaluation report dated 12/02/2014 indicates that the injured worker complained of pain in her neck, bilateral shoulders, upper back, and lumbar spine. The injured worker rated the neck pain 6 out of 10; her upper back pain 5 out of 10; her right shoulder pain 5 out of 10; her left shoulder pain 5 out of 10; and the lumbar spine pain 7 out of 10. The physical examination showed mild tenderness to palpation over the spinous processes of C6-7 and the right lateral paraspinal musculature of the cervical vertebrae; and tenderness to palpation over the spinous process of L4-5 and the left sacroiliac joint space. The treating physician requested Flexeril 10mg. The rationale for the request as not indicated. On 01/15/2015, Utilization Review (UR) denied the request for Flexeril 10mg, noting that there was no mention of muscle spasm in the medical report. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with back, neck and bilateral upper extremity pain rated 7/10. The patient's date of injury is 06/17/03. The patient has no documented surgical history directed at these complaints. The request is for FLEXERIL 10MG QTY: 60. The RFA was not provided. Physical examination dated 12/09/14 reveals decreased range of motion to the cervical spine, especially on rotation, and decreased bilateral shoulder range of motion especially on external rotation. Remaining physical examination findings were unintentionally cut off when the progress note was digitally scanned. Diagnostic imaging included MRI of the cervical spine dated 07/22/13, significant findings include: "Degenerative changes of the cervical spine, moderate spinal canal stenosis C6-C7." Diagnostic MRI of the right shoulder from the same date significant findings: "Bursal sided tear of the inner portion of the infraspinatus tendon which measured approximately 4mm in length by 9mm in AP dimension by 3mm in thickness" moderate tendinosis of the infraspinatus supraspinatus tendons" mild osteoarthritis of the right acromioclavicular joint and moderate laterally down-sloping orientation of the acromion and thickening of the coracoacromial ligament" small amount of fluid in the right subacromial subdeltoid bursa." Diagnostic MRI of the lumbar spine from the same date significant findings: "Moderate narrowing L4-L5" Moderate narrowing L5-S1" 3mm grade anterolisthesis due to moderate to severe osteoarthritis of the L4-L5 facet joints" Annular fissuring at the L3-L4, L4-L5 levels." The patient is currently prescribed Norco and Flexeril. Progress noted 12/09/14 advises this patient to return to work with modified duties, though it is unclear if patient has done so. MTUS pg 63-66 states: "Muscle relaxants -for pain-: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine -Flexeril, Amrix, Fexmid, generic available-: Recommended for a short course of therapy." In regards to the request for what appears to be a continuing prescription of Flexeril for this patient's chronic pain, the treater has exceeded the appropriate duration of therapy. Progress notes provided indicate that this medication was initiated on 12/09/14, as no mention of its usage appears in the previous notes. However, MTUS guidelines indicate that muscle relaxants are only to be used for short duration therapy lasting 2-3 weeks. The requested 60 tablet prescription does not imply short duration therapy. Therefore, this request IS NOT medically necessary.