MAXIMUS Federal Services

Case Number:	CM15-0111181		
Date Assigned:	06/17/2015	Date of Injury:	08/02/2012
Decision Date:	07/16/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/09/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 49 year old male who sustained an industrial injury on 08/02/2012. He reported a fall from scaffolding on to a cement floor followed by immediate low back and neck pain. The injured worker was diagnosed as having multiple injuries to areas including the right wrist, low back, head and cervical neck. Treatments include but are not limited to: an open reduction internal fixation for a right triangular fibrocartilage complex (TFCC) injury, and L5-S1 posterior fusion (12/4/2013) lumbar spine surgery for a L5 pars intraarticular defect and spondylosis, and an anterior C5-6 and C6-7 interbody fusion (04/15/2015), medications, and a psychological evaluation. Currently, the injured worker complains of numbness and tingling going down into the shoulders and armpit area radiating into the index and middle finger of both right and left hands. He has pain that he rates as a 9/10 without medications and a 5/10 with medications. He also complains that there is pain down the low back that has gone up to a level of 9/10. He wears a support for the neck area and has to rotate his whole body to look on either side. On examination of the cervical spine there is a well healed scar at the anterior side of the neck. Range of motion is restricted above 90 degrees due to the metallic lumbar corset. Tenderness is noted in bilateral acromioclavicular joints. In the lumbar spine there are three well-healed vertical surgical scars at the lumbar paravertebrals. The treatment plan includes follow-up with the appropriate surgeon, authorization for 10-12 visits of psychotherapy due to his stress from previous surgeries, continuation of medications Norco, Prilosec and amitriptyline, and addition of Flexeril for muscle relaxation. A request for authorization was submitted for Flexeril tab 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril tab 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Cyclobenzaprine was previously used without clear documentation of efficacy. Therefore, the request for Flexeril tab 7.5mg #30 is not medically necessary.