

Case Number:	CM15-0113072		
Date Assigned:	06/19/2015	Date of Injury:	07/12/2007
Decision Date:	07/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, 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:

The injured worker is a 58 year-old male who sustained an industrial injury on 07/12/07. His diagnoses include cervical facet syndrome, rotator cuff disorder, and chronic tension headache. Treatments have included acupuncture, and muscle relaxant with pain medications. In a progress report of 04/07/15 the treating provider reports increased upper back and neck pain with stiffness and postoccipital headaches. Physical examination showed there is tenderness and spasms of the paravertebral muscles bilaterally. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremities. Movements of the neck are restricted with extension limited to 25 degrees due to pain. Tenderness is noted in the cervical spine, paracervical muscles, rhomboids, and trapezius. Doctor's first report of occupational injury dated 04/14/15 reports x-rays or MRI were not reviewed. Treatment recommendations included EMG/NCS cervical spine and upper extremities rule out C5-6, C6-7 disc herniation, acupuncture, Ultram 50 mg, and continuation of Flexeril 5 mg #60. Date of Utilization Review: 05/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril tab 5 mg Qty 60: 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 Flexeril
Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over a month in combination with Tramadol. Prolonged use is not supported and not medically necessary.