

Case Number:	CM15-0113657		
Date Assigned:	06/24/2015	Date of Injury:	06/16/2008
Decision Date:	07/23/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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: Emergency 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 is a 45 year old female, who sustained an industrial injury on 6/16/08. The diagnoses have included cervicalgia, cervical spondylosis, cervical degenerative disc disease (DDD), cervical disc displacement, cervical radiculopathy and obesity. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, other modalities, and cervical collar. Currently, as per the physician progress note dated 4/30/15, the injured worker is three weeks post cervical fusion and reports improvement in pain. She takes medication intermittent for spasm and pain. The physical exam reveals incision clean and dry, cervical range of motion is decreased secondary to wearing a cervical collar post-operatively. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and x-rays of the cervical spine. The physician requested treatment included Flexeril 10 MG #30 with 1 Refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG #30 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The requested Flexeril 10 MG #30 with 1 Refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker is status-post cervical fusion and reports improvement in pain. She takes medication intermittently for spasm and pain. The physical exam reveals incision to be clean and dry, cervical range of motion is decreased secondary to wearing a cervical collar post-operatively. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10 MG #30 with 1 Refill is not medically necessary.