

Case Number:	CM15-0117021		
Date Assigned:	06/25/2015	Date of Injury:	10/24/2009
Decision Date:	09/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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, Pain Management

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 10/24/09. The injured worker was diagnosed as having neck pain, cervical facet pain, cervical discogenic pain, possible cervical radiculitis, and chronic pain syndrome and myofascial pain. Currently, the injured worker was with complaints of neck pain and right shoulder pain. Previous treatments included cervical epidural steroid injections, transcutaneous electrical nerve stimulation unit, oral pain medication, heat/ice, and a home exercise program. Previous diagnostic studies included a magnetic resonance imaging revealing C5-6 normal disc height with partial disc desiccation, and electromyography and nerve conduction velocity study revealing chronic right C6 radiculitis. The injured workers pain level was noted as 4/10 without medication and a 1/10 with medication. Physical examination was notable for tenderness to the right cervical paraspinals. The plan of care was for Flexeril 7.5 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.