

Case Number:	CM15-0118435		
Date Assigned:	08/26/2015	Date of Injury:	03/05/2015
Decision Date:	10/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/18/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 29 year old, female who sustained a work related injury on 3-5-15. The diagnoses have included cervical spine myoligamentous strain-sprain, thoracic spine myoligamentous strain-sprain, lumbar spine myoligamentous strain-sprain and rule out concussion syndrome. Treatments have included oral medications and physical therapy. In the Primary Treating Physician's Initial Report Doctor's First Report of Occupational Injury dated 4-9-15, the injured worker reports neck pain and stiffness. She reports headaches. She reports tingling in both arms. She states she has pain most of the time and it is increased with flexion, extension and rotation of head. She states she has increased pain with keeping neck in one position for prolonged periods of time. She reports upper back pain between her shoulder blades. She reports bilateral shoulder pain, right greater than left. She reports the pain is located posteriorly. She states the pain radiates down both arms, greater than right. She reports the pain occurs continuously and is increased with reaching, pushing, pulling, overhead use and lifting activities. She reports low back pain. She states the pain is midline and to the right. She states the pain radiates into her buttocks and down both legs, right greater than left. She states the pain occurs off and on and is increased with attempts at bending, kneeling, stooping, squatting and lifting activities. She notes increased pain with going up and down stairs. On physical exam, she has tenderness without spasm in the cervical paravertebral muscles, the upper trapezius and the interscapular-dorsal spine region. Cervical spine range of motion is flexion is to 15 degrees, extension is to 25 degrees, right and left lateral flexion is to 5 degrees and right and left rotation is to 70 degrees. All directional neck movements cause pain. Thoracic spine flexion is to 50

degrees and right and left lateral flexion is to 15 degrees with no increased pain in movements. Shoulder exam is within normal limits. She has slight tenderness to palpation of lumbar paravertebral muscles. Lumbar range of motion is flexion is to 60 degrees and extension is to 5 degrees. Right and left lateral bending is to 15 degrees with increased low back pain. Motor strength and sensation are within normal limits. She is working modified duty. The treatment plan includes additional physical therapy, a neurology consultation and prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical." Cyclobenzaprine is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief." Long-term use of Cyclobenzaprine is not recommended. This is the initial order for this medication. She does not complain of muscles spasms and there are no spasms palpated on physical examination. For this reason, the requested treatment of Flexeril is not medically necessary.