

Case Number:	CM15-0119223		
Date Assigned:	06/29/2015	Date of Injury:	09/15/2006
Decision Date:	07/28/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/19/2015

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 46 year old female with an industrial injury dated 09/15/2006. The mechanism of injury is documented as occurring when a light fixture fell and struck her on the right upper extremity. Her diagnoses included neck pain, pain in joint-shoulder and cervicocranial syndrome. Prior treatment included right shoulder surgery (2007), neurology consul, medications, diagnostics and physical therapy. She presents on 05/20/2015 for follow up of shoulder, back and right upper extremity pain. She denies any acute changes in her pain since previous visit. With the use of her medication she noted significant decrease in headaches. She has increasing right upper extremity pain without her medications and they help her tolerate increased activity. Without Prozac she reports increased depression and anxiety. Physical exam showed normal muscle tone without atrophy in bilateral upper and lower extremities. There was no edema or tenderness in any extremity. Her medications included Flexeril for muscle spasms, Prozac for depression and Topamax and Verapamil for headaches. Treatment plan includes medications, psychiatry consultation and follow up. The request for Prozac 20 mg quantity of 30 and Topamax 25 mg quantity of 60 is authorized. The treatment request for review is Flexeril 10 mg quantity 45 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg quantity 45 with three refills: Upheld

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

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 prescribed Flexeril for 3 months. This is longer than the time frame recommended by the guidelines. The continued Flexeril as above is not medically necessary.