

Case Number:	CM15-0119679		
Date Assigned:	06/30/2015	Date of Injury:	11/04/2008
Decision Date:	07/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 11/04/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having psychic factors associated with diseases classified elsewhere, unspecified inflammatory and toxic neuropathy, and unspecified neuralgia, neuritis, and radiculitis. Treatment to date has included diagnostics, chiropractic, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker complains of bilateral upper extremity pain, along with significant neck pain. Pain was rated 5/10 and current medications included Tramadol, Flexeril, and Sumatriptan. She was documented as working full time. Urine toxicology (8/2014) was documented as compliant. The treatment plan included continued medications. The use of Flexeril was noted since 11/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg one tab qhs #28 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain, opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chronic, opioids.

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

Decision rationale: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore, the request for Flexeril 10 MG, #28 with 2 refills is not medically necessary.