

Case Number:	CM15-0120608		
Date Assigned:	07/01/2015	Date of Injury:	12/07/2004
Decision Date:	07/30/2015	UR Denial Date:	05/21/2015
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: Massachusetts

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 55 year old male, who sustained an industrial injury on 12/7/04. He has reported initial complaints of neck and back pain with injury. The diagnoses have included chronic neck pain and chronic low back pain status post lumbar fusion. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 5/11/15, the injured worker complains of neck and low back pain which is unchanged since last visit on 2/23/15. She states that the back pain has been increasing with increased pain down the right leg. She has paresthesias down the posterior thigh and calf. She also has spasms over the right shoulder which is managed with Flexeril for the flare-ups. This has kept the pain level tolerable and she has been able to work full time. The objective findings reveal cervical tenderness down the right scapula and over the right upper trapezius. There is weakness on shoulder abduction bilaterally. There is pain in the right calf and thigh with the foot in dorsiflexion on the right. There are no previous urine drug screen reports, diagnostic reports and no previous physical therapy sessions noted. The physician requested treatment included Flexeril 10 mg quantity of 30 (retrospective DOS 5/11/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 30 (retrospective DOS 5/11/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic neck and low back pain with upper extremity and lower extremity pain. When seen, there was increasing right lower extremity pain. She was having shoulder spasms and was taking Flexeril for these and for flare-ups of pain. There was right cervical tenderness and shoulder abduction weakness. Flexeril has been prescribed since at least February 2015. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. There are other preferred options when it is being prescribed for chronic pain. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.