

Case Number:	CM15-0127025		
Date Assigned:	07/13/2015	Date of Injury:	11/16/2007
Decision Date:	08/10/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/01/2015

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:

This is a 69 year-old female with a November 16, 2007 date of injury. A progress note dated May 28, 2015 documents subjective complaints (pain rated at a level 5-6/10; severe neck spasms cause her to be very stiff; a lot of headaches lately), objective findings (decreased range of motion of the neck; tenderness to palpation with bilateral paraspinal and left trapezius tenderness and spasm; decreased grip strength bilaterally with slightly less strength in the right; tenderness at the left acromioclavicular joint and left lateral joint), and current diagnoses (pain in joint, shoulder region; adhesive capsulitis of the shoulder; superior glenoid labrum lesions; cervicgia; other specified disorders of the bursae and tendons in the shoulder region). Treatments to date have included home exercise, medications, trigger point injections, and left shoulder arthroscopy. The medical record indicates that medications help control the symptoms. The treating physician documented a plan of care that included Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: 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 (ODG), Pain procedure, Muscle relaxants (for pain).

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 sustained a work-related injury in November 2011 and continues to be treated for neck pain. When seen, Flexeril at a 10 mg dose was causing drowsiness. She was having severe neck spasms and stiffness. There was decreased cervical spine range of motion with tenderness and muscle spasms. There was decreased grip strength. There was left shoulder tenderness with decreased range of motion. Flexeril had been prescribed on a long-term basis. The dose was decreased to 5 mg. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. 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. In this case, the quantity being prescribed is consistent with ongoing long term use. Flexeril at a higher dose had caused side effects and appears to have been ineffective. Ongoing prescribing was not medically necessary.