MAXIMUS Federal Services

Case Number:	CM15-0174375		
Date Assigned:	09/16/2015	Date of Injury:	08/19/2006
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old woman sustained an industrial injury on 8-19-2006. The mechanism of injury is not detailed. Evaluations include an undated lumbar spine MRI and a cervical spine MRI dated 9-11-2014. Diagnoses include cervical degenerative disc disease with spondylosis and significant bilateral neural foraminal stenosis and resultant bilateral upper extremity radiculopathy, lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy, bilateral shoulder impingement syndrome, reactionary depression and anxiety, medication induced gastritis, and laryngeal irritation and persistent cough status post cervical spine surgery. Treatment has included oral medications, epidural steroid injections, physical therapy, stretching, and surgical intervention. Physician notes dated 7-10-2015 show complaints of cervical spine pain with bilateral upper extremity radiculopathy that is 75% resolved after surgery, worsening lumbar spine pain rated 9 out of 10 with bilateral lower extremity radiculopathy, progressive bilateral shoulder pain, chronic cough with dysphagia, and feeling there is something stuck in her throat. The physical examination shows no tenderness to palpation of the shoulders and decreased range of motion at every angle, lumbar spine musculature with tenderness to palpation bilaterally and increased rigidity, multiple palpable trigger points, and decreased range of motion at every angle, diminished reflexes of the patella and Achilles tendons, decreased strength of left ankle flexion and left great toe extension, decreased sensory exam with Wartenberg pinprick wheel along the posterolateral thigh and lateral calf in the L5 and S1 distributions, positive straight leg raise in the modified sitting position on the left with radicular symptoms. Recommendations include lumbar epidural steroid injections, bilateral shoulder steroid injections (administered during this visit), lumbosacral

orthotic brace, trigger point injections (administered during this visit), Anaprox, Prilosec, Norco, Flexeril, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: 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: The patient presents with worsening lumbar spine pain with radiculopathy along with bilateral shoulder pain. The current request is for Flexeril 10mg, quantity 30. The treating physician states on 7/10/15 (8B) the patient utilizes Flexeril 10mg at bedtime for her muscle spasms to help he sleep and increase her function the next day. MTUS guidelines state, "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Review of the clinical history provided documents that the patient has not used Flexeril previously. However, the 30-day supply would exceed the MTUS guidelines of 2-3 weeks. Therefore, the current request is not medically necessary.