MAXIMUS Federal Services

Case Number:	CM15-0176195		
Date Assigned:	09/17/2015	Date of Injury:	03/01/2013
Decision Date:	10/27/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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, North Carolina
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 47 year old female, who sustained an industrial injury on March 1, 2013. She reported neck pain, back pain, stiffness, spasm and decreased range of motion. The injured worker was diagnosed as having left lumbar radiculopathy with neuroclaudication, large herniated disc of the lumbar spine, cervical radiculopathy, bilateral shoulder pain, bilateral knee pain, anxiety, depression and insomnia. Treatment to date has included diagnostic studies, radiographic imaging, medications and work restrictions. Her status was noted as temporarily totally disabled and the last day worked was noted as March 25, 2015. Currently, the injured worker continues to report neck pain, headaches, back pain with bilateral lower extremity weakness, tingling, numbness and paresthesia worse on the left than the right, bilateral shoulder pain, bilateral knee pain, bilateral upper extremities, stiffness, spasm and decreased range of motion. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on June 24, 2015, revealed continued pain as noted. She rated her intractable low back pain at 7-9 on a 1-10 scale and her cervical pain at 6-7 on a 1-10 scale with 10 being the worst. It was noted the cervical and lumbar spine had fairly limited range of motion. Straight leg raise tests were positive bilaterally. Medications including Flexeril were continued. Evaluation on July 29, 2015, revealed continued pain as noted. She reported the pain was severe and interfered with activities of daily living including cleaning, bathing, dressing and running errands. She noted NSAIDS and conservative care were ineffective in managing the pain longer than 12 weeks. The RFA included requests for

Flexeril 10mg three times a day #90 and was non-certified on the utilization review (UR) on August 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg three times a day #90: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines state that Cyclobenzaprine (Flexeril) is recommended for short course therapy, limited mixed evidence does not allow for recommendation for chronic use. In this case, the medical records indicate that the patient has been prescribed Flexeril since 6/24/2015, and possibly earlier. MTUS does not recommend long-term use of muscle relaxants and recommends using it 3-4 days during acute muscle spasms and no more than 2-3 weeks total. In this case, there is also no clear indication of a specific benefit or specific medical need within the information provided for review. Therefore the request is not medically necessary or established.