

Case Number:	CM15-0177707		
Date Assigned:	09/18/2015	Date of Injury:	09/15/2005
Decision Date:	10/21/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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

Certification(s)/Specialty: Emergency 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:

This is a 54 year old female with a date of injury on 9-15-2005. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc degeneration, chronic back pain, lumbar facet syndrome and spasm of muscle. Medical records (3-3-2015 to 8-18-2015) indicate ongoing neck pain. According to the progress report dated 8-18-2015, the injured worker complained of neck pain. She rated the pain seven out of ten with medications and nine out of ten without medications. Quality of sleep was poor. Activity level was the same. Per the treating physician (8-18-2015), the employee was not currently working. The physical exam (8-18-2015) revealed a global antalgic gait. Cervical spine range of motion was limited by pain. Tenderness was noted at the paracervical muscles and trapezius. On palpation of the lumbar paravertebral muscles, there was hypertonicity, spasms, tenderness and tight muscle bands on the right side. Right shoulder movement was restricted by pain. Treatment has included cervical epidural steroid injection, acupuncture and medications. Current medications (8-18-2015) included Lyrica, Oxycontin, Flexeril, Percocet, Famotidine, Ibuprofen, Hydrazine and Prednisone. The injured worker has been prescribed Flexeril since at least 2-3-2015. The request for authorization dated 8-27-2015 was for Percocet, Oxycontin, Lyrica, Ibuprofen, Famotidine and Flexeril. The original Utilization Review (UR) (9-3-2015) non-certified a request for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG #30 x 3 Refills: 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 requested Flexeril 10 MG #30 x 3 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has ongoing neck pain. According to the progress report dated 8-18-2015, the injured worker complained of neck pain. She rated the pain seven out of ten with medications and nine out of ten without medications. Quality of sleep was poor. Activity level was the same. Per the treating physician (8-18-2015), the employee was not currently working. The physical exam (8-18-2015) revealed a global antalgic gait. Cervical spine range of motion was limited by pain. Tenderness was noted at the paracervical muscles and trapezius. On palpation of the lumbar paravertebral muscles, there was hypertonicity, spasms, tenderness and tight muscle bands on the right side. Right shoulder movement was restricted by pain. Treatment has included cervical epidural steroid injection, acupuncture and medications. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10 MG #30 x 3 Refills, Flexeril 10 MG #30 x 3 Refills is not medically necessary.