

Case Number:	CM15-0177837		
Date Assigned:	09/18/2015	Date of Injury:	02/20/2003
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 62 year old female who sustained an industrial injury on 2-20-2003. Medical records indicate the worker is undergoing treatment for cervical degenerative disc disease with radiculopathy and myofascial pain syndrome of the neck and bilateral upper extremities. A recent progress report dated 7-22-2015, reported the injured worker complained of neck and bilateral upper extremities pain rated 7-8 out of 10 with diffuse body pain. Physical examination revealed tender trigger points over her neck and posterior shoulders. Treatment to date has included physical therapy, trigger point injections, Flexeril, Neurontin, ibuprofen, and tramadol. The medications have been prescribed since at least 9-23-2014. The physician is requesting a retrospective request for Flexeril 10mg #30 with 5 refills (date of service: 7-22- 15). On 8-11-2015, the Utilization Review non-certified a retrospective request for Flexeril 10mg #30 with 5 refills (date of service: 7-22-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flexeril 10mg #30 with 5 refills (DOS: 7/22/15): 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).

Decision rationale: Per the cited CA MTUS guideline, Flexeril (cyclobenzaprine) is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating provider notes from 7-22-15, state the injured worker has had unchanged symptoms with pain 7-8/10 on the visual analog scale, and has had previous success with trigger point injections. A minimal exam states that she had discrete tender trigger points on the neck and posterior shoulders. Based on unchanged symptoms and long-term use of Flexeril, the retrospective request for Flexeril 10mg #30 with 5 refills (date of service: 7-22-15) is not medically necessary per the MTUS guidelines.