

Case Number:	CM15-0028254		
Date Assigned:	02/20/2015	Date of Injury:	06/08/2010
Decision Date:	05/29/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 59 year old female, who sustained an industrial injury on 06/08/2010. The diagnoses have included chronic pain syndrome, right lower spinae erector myofascial pain and trigger points and insomnia. Noted treatments to date have included surgery, nerve root block, and medications. Diagnostics to date have included MRI of the cervical spine on 09/23/2010 which showed degenerative changes and spondylosis at the C6-C7 disc level, prior fusion of the C5 and C6 vertebral bodies, and milder spondylosis at other levels of the cervical spine per progress note. In a progress note dated 01/08/2015, the injured worker presented with complaints of increased muscle spasms in her back on the right side. The treating physician reported the injured worker continues on Naproxen and Roxicodone. Utilization Review determination on 01/16/2015 non-certified the request for Flexeril 5mg #60 1-2 by mouth at bedtime as needed for muscle spasms, 3 refills citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); anti-spasmodic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42; 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized muscle relaxants longer than the guidelines recommend period of 4 to 6 weeks. The request for 30 days supply with 3 refills had exceeded the maximum recommended duration. The patient is also utilizing opioids medications concurrently. The criteria for the use of Flexeril 5mg #60 with 3 refills was not medically necessary.