

Case Number:	CM15-0045538		
Date Assigned:	04/06/2015	Date of Injury:	08/04/2012
Decision Date:	06/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

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

The injured worker is a 45 year old female, who sustained an industrial injury on 8/4/2012. Diagnoses have included small disc herniations at C3-C4, C4-C5 and C5-C6 with neuroforaminal narrowing, lumbosacral sprain with radicular symptoms, left shoulder sprain, cervical sprain with radicular symptoms and closed head injury. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine, physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/23/2015, the injured worker complained of ongoing pain in the neck with radiation to the left upper extremity. She also complained of numbness and tingling in the left upper extremity. She reported low back pain with bilateral radicular pain as well as numbness and tingling in both feet. Exam of the cervical spine revealed tenderness and decreased range of motion. Authorization was requested for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, 1 tab PO every HS #30 with 1 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41 and 64.

Decision rationale: Flexeril 10mg, 1 tab PO every HS #30 with 1 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril is not medically necessary.