

Case Number:	CM15-0064985		
Date Assigned:	04/13/2015	Date of Injury:	10/12/2005
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 48 year old female patient who sustained an industrial injury on 10/12/2005. A secondary treating office visit dated 01/08/2015 reported subjective complaint of still getting headaches on a daily basis. She also states that within the last several months she has had cramping and spasm involving the left sub occipital area. In addition, she complains of getting shooting pain that starts from the occipital area and radiates toward the back of the eye. She continues with upper extremity problems, such as dropping items out of her left arm and feels increasing weakness. She is found seeing another specialist for anxiety and panic attacks being treated with Cymbalta. In the past she has used Topamax with some noted relief. The patient has undergone prior cervical procedures the last one in 2009. She is diagnosed with the following neurological diagnoses: bilateral occipital neuralgia; posttraumatic chronic daily headaches with migraine component; cervical dystonia; status post cervical fusion times two; tremor left upper extremity; brachial plexopathy/thoracic outlet, and rule out entrapment disease. The plan of care involved Botox injections; occipital nerve blocks; nerve conduction study; prescribed Norco 5/325mg, and Topamax. A primary treating office visit dated 01/20/2015 reported subjective complaint of neck pain that radiated into her left arm and left hand. The patient reports paresthesia's to all ten fingers. She has been taking Flexeril, not working and with daily headaches. She is diagnosed with status post anterior cervical discectomy and fusion at C5-6 05/08/2008; status post redo anterior cervical discectomy 09/15/2009; radiographic evidence of osteophyte complex at C3-4 and a disc protrusion at C4-5, along with thoracic outlet syndrome. The plan of care involved: agreement with specialist recommendation for Botox

injections, occipital nerve blocks, upper extremity nerve conduction study, and prescription of Norco and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 5 mg Qty 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril Page(s): 41.

Decision rationale: MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines. Therefore is not medically necessary.