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| Case Number: | CM15-0073826 | | |
| Date Assigned: | 04/23/2015 | Date of Injury: | 08/16/2010 |
| Decision Date: | 05/21/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

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: Arizona, California
 Certification(s)/Specialty: 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 63-year-old female, who sustained an industrial injury on 08/16/2010. On provider visit dated 03/03/2015 the injured worker has reported neck pain and left upper arm pain. On examination of the cervical spine tenderness to palpation and marked spasm of the left side of the neck and left trapezius and medial left scapula. A decreased sensation posterior left upper arm. The diagnoses have included cervical spine degenerative disc disease C5-6, and C6-7 with symptom of left upper extremity radiculitis and left shoulder status post arthroscopy/ASAD/ arthroscopy rotator cuff repair 12/12/2013. Treatment to date has included medication. The provider requested Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over 3 months in combination with Tramadol. Continued and chronic use of Flexeril is not medically necessary.