

Case Number:	CM15-0074493		
Date Assigned:	04/24/2015	Date of Injury:	03/08/2013
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York

Certification(s)/Specialty: Internal 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 64-year-old male, with a reported date of injury of 03/08/2013. The diagnoses include lumbar sprain/strain, cervical sprain/strain, spasm of the muscle, and right shoulder tendinitis. Treatments to date have included oral medications, an MRI of the lumbar spine, an MRI of the right shoulder, topical pain medications, an MRI of the cervical spine, electrodiagnostic studies, and left L4-5 lumbar epidural steroid injection. The progress report dated 02/09/2015 indicates that the injured worker complained of right neck pain with radiation to the shoulder, right arm pain, and low back pain with radiation to the left leg. He also complained of sleep issues due to the shoulder and back pains. The objective findings include moderate distress due to pain. An examination of the cervical spine showed decreased range of motion, spasm of the bilateral paracervical, right trapezius, and scapular muscles, tenderness to palpation over the right trapezius and paracervical muscles, decreased sensory of the right C6-7 and C7-8 distribution, and guarding to palpation due to pain. An examination of the lumbar spine showed spasms of the bilateral paraspinal muscles at L3-5, positive bilateral L4-5 facet pain/compression test, negative sacroiliac joint pain, decreased range of motion, mild tenderness to palpation over the left sacroiliac joint and guarding to palpation due to pain, and decreased left L4-5 sensory to pinwheel. The treating physician requested cyclobenzaprine 7.5mg #30

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. There is documentation of palpable spasm on exam. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. The requested medication, Flexeril is to be used in conjunction with a NSAID for a period of 4 weeks only. Short-term treatment with muscle relaxants is indicated per the Guidelines. Medical necessity for the requested item is established. The requested item is medically necessary.