

Case Number:	CM15-0095267		
Date Assigned:	05/21/2015	Date of Injury:	02/09/2010
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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 61 year old female, who sustained an industrial injury on 2/9/10. She reported initial complaints of back, shoulders, neck, hip joint pain and migraines. The injured worker was diagnosed as having cervical, thoracic, lumbar spine strain; cervical radiculopathy; lumbar radiculopathy; degenerative joint/ degenerative disc disease, cervical spine with protrusions C4-C7 and Canal stenosis; lumbar spine multilevel degenerative joint disease, degenerative disc disease, degenerative retrolisthesis L1-L3; status post lumbar decompressive laminectomy L2-3-4-5 (2/15/12); cervical spine ACDF C5-C7 fusion (10/23/13); spondylolisthesis lumbar region; status post lumbar/lumbosacral fusion anterior technique; bilateral carpal tunnel syndrome. Treatment to date has included status post C5-C7 fusion with plate/cages. Currently, the PR-2 notes dated 11/20/141 indicated the injured worker presented for neck pain injury and cervical spine. She complains of pain and weakness. Her symptoms occur constantly and are mild-moderate describing the pain as aching rating it as 4/10. Her symptoms are aggravated by daily activities and alleviated by rest. The provider included a physical examination and documents the injured worker is a status post lumbar and lumbosacral fusion by anterior technique on 2/15/12. She has also had a cervical fusion at C5-C7 on 10/23/13. The provider's treatment plan includes a request for Flexeril 10 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-67.

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 was prescribed 1 month Flexeril (4 times daily) along with NSAIDS. Long-term and high daily dose use is not supported by the guidelines and is not medically necessary.