

Case Number:	CM15-0096279		
Date Assigned:	05/26/2015	Date of Injury:	12/15/2011
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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 51-year-old female who sustained an industrial injury on 12/15/2011. The injured worker was diagnosed with chronic cervical sprain/strain, cervical myospasm, thoracic sprain/strain, and lumbosacral sprain/strain. The injured worker has a history of gastroesophageal reflux disorder (GERD). Treatments to date were not listed. According to the primary treating physician's progress report on April 7, 2015, the injured worker continues to experience pain in her neck, mid back, lower back, right shoulder, bilateral upper arms, elbows, forearms and hands. Examination noted decreased and painful range of motion with positive orthopedic testing and difficulty with activities of daily living. A current medical report on May 4, 2015 documented spasm of the paracervical and trapezius muscles. Physical examination notes positive cervical spine facet maneuvers, decreased sensation to both hands, negative straight leg raise, positive Spurling's. This hand written report is difficult to decipher. The injured worker is currently working modified duties. Current medications are listed as Naproxen, Neurontin, Omeprazole and Mentherm gel. Treatment plan consists of evaluation, management and consultation, medial branch block at L3 and L4 bilaterally, Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the bilateral upper extremities and the current request for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Spasmodics; Cyclobenzaprine.

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 in combination with topical analgesics and NSAIDS for several months. Continued and chronic use of Flexeril is not medically necessary.