

Case Number:	CM15-0096380		
Date Assigned:	05/26/2015	Date of Injury:	10/21/2004
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
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: California, North Carolina
 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 52 year old female, who sustained an industrial injury on 10/21/2004. She has reported injury to the neck, shoulder, and low back. The diagnoses have included spasm of muscles; lumbago; disorder of bursae and tendons in shoulder region; lumbar pain with radiculopathy; chronic pain syndrome; anxiety; depressive disorder; and myalgia and myositis, unspecified. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Cyclobenzaprine, Norco, Lorazepam, Flector patch, Lexapro, Cymbalta, and Nexium. A progress note from the treating physician, dated 05/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain intermittently, more so in her low back; pain is rated at 6-7/10 at baseline, on the visual analog scale, and rated at 4/10 with medication; slight tingling in the right hand; shoulders are tight, but functioning; spasm and pain from the driving daily; walks daily and is learning swimming; and her medications help her go through her day. Objective findings included tenderness to palpation of the trapezius and cervical paraspinal muscles; right shoulder range of motion is slightly decreased, especially internal rotation and elevation; positive Neer's and supraspinatus testing, and weakness; left shoulder range of motion is also decreased; lumbar range of motion is decreased; and left straight leg raising with hamstring tightness and muscle pain. The treatment plan has included the request for Cyclobenzaprine 10mg #120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The request is for Flexeril 10 mg #120 with one refill for a patient with chronic pain secondary to an MVA in 2004. The CA/MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for treatment of acute exacerbation in patients with chronic low back pain. However, in most low back pain patients, they show no additional benefit beyond NSAIDs in pain and overall improvement. Flexeril is recommended only for short-term (2-3 weeks) use and is not recommended for chronic use. The request for a total of #240 tablets exceeds the recommended guidelines. Flexeril is a CNS depressant and has significant adverse effects. Thus, this request is deemed not medically necessary or appropriate.