

Case Number:	CM15-0097441		
Date Assigned:	05/28/2015	Date of Injury:	03/16/2011
Decision Date:	06/26/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 3/16/2011. The current diagnoses are chronic neck pain, cervical disc protrusion C5-C6, and spondylosis, radicular symptoms in bilateral arms, cervical nerve root compression, depression, anxiety, and stress due to workers compensation process. According to the progress report dated 4/30/2015, the injured worker complains of neck pain with radiation into her bilateral arms. She reports "bad burning sensations" in the right arm, especially the triceps and forearm areas. Additionally, all five digits of the right hand feel numb with the right thumb undergoing spasms or tremors. The physical examination reveals restricted range of motion of the cervical spine, positive Spurling test for radiating pain down the right arm, and decreased reflexes at the right/left biceps. The pain is rated 6/10 on a subjective pain scale. The current medications are Flexeril, Norco, Naproxen, and Wellbutrin. Treatment to date has included medication management, MRI studies, and electrodiagnostic testing. The MRI revealed significant signs of foraminal stenosis, especially at C5-C6. The plan of care includes prescription for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work-related injury in March 2011 and continues to be treated for chronic neck and upper extremity symptoms. When seen, pain was rated at 6/10. She reported feeling about the same. She was having burning right upper extremity symptoms and spasms or tremors affecting the right thumb. Physical examination findings were decreased cervical spine range of motion and positive right Spurling's testing and decreased upper extremity reflexes. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. It is a second-line option for the treatment of acute exacerbations in patients with muscle spasms. In this case, there are no reported physical examination findings of muscle spasm or acute exacerbation. It was therefore not medically necessary.