

Case Number:	CM13-0001779		
Date Assigned:	12/13/2013	Date of Injury:	09/05/2001
Decision Date:	03/11/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 58 year old male with date of injury on 9/5/2001. Patient has been treated for ongoing neck pain, back pain, and bilateral knee pain. Patient has the diagnoses of herniated disc in the lumbar and cervical spine, sprain/strain of the left shoulder and internal derangement of bilateral knees. Medications include Norco, Flexeril, and Motrin. Subjective complaints are of persistent neck, low back, and left shoulder pain, along with weakness in bilateral knees. On exam there was tenderness and decreased range of motion of the cervical and lumbar spine. Decreased range of motion and tenderness were documented in the bilateral knees, and crepitus in the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, muscle relaxants Page(s): 41-42, 63.

Decision rationale: CA MTUS guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy and the effects of treatment are modest and may cause adverse affects. This patient had been using muscle relaxants chronically, which is longer than the

recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear functional benefit documented from this medication the requested prescription for cyclobenzaprine is not medically necessary.