

Case Number:	CM13-0003363		
Date Assigned:	11/08/2013	Date of Injury:	07/03/2001
Decision Date:	05/12/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of July 3, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; adjuvant medications; muscle relaxants; psychological counseling; unspecified amounts of chiropractic therapy, physical therapy, and massage therapy; a TENS unit; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of July 2, 2013, the claims administrator approved laboratory testing to monitor renal and hepatic function, approved Cymbalta, denied Flexeril, and approved Vicodin. The applicant's attorney subsequently appealed. A subsequent report of June 28, 2013 was notable for comments that the applicant was using Flexeril, Cymbalta, and Vicodin. Laboratory testing was notable for elevated serum glucose. A June 5, 2013 progress note was notable for comments that the applicant was on Cymbalta and Vicodin on a regular basis and was using Flexeril on a prn. basis. The applicant was using only 15 tablets of Flexeril monthly. It was stated that the applicant's medication profile did allow for activity and exercise without side effects. The applicant was asked to continue home exercise and daily stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG QTY: 15.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Guidelines, Cyclobenzaprine or Flexeril is recommended as an option, using a short course of therapy. Guidelines indicate overall treatment with Cyclobenzaprine should be brief. The attending provider's prescription for Flexeril, thus, does conform to the MTUS Chronic Pain Guidelines' parameters. A brief, 15-tablet course of Cyclobenzaprine has been proposed for as-needed usage over the span of one month. The attending provider has apparently directed the applicant to use Flexeril as a second-line option, to use only on a prn. basis. This is an appropriate indication for Flexeril. Accordingly, the limited 15-tablet supply of Flexeril is medically necessary and appropriate.