

Case Number:	CM13-0007133		
Date Assigned:	11/20/2013	Date of Injury:	04/16/2009
Decision Date:	01/23/2014	UR Denial Date:	07/04/2013
Priority:	Standard	Application Received:	08/02/2013

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 Pain Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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.

CLINICAL CASE SUMMARY

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

This is a male patient with a date of injury of 4/16/09. A utilization review determination dated 7/5/13 recommends non-certification of Flexeril and certification of Ultram ER and Diclofenac XR. A progress report dated at 6/14/13 identifies subjective complaints including, "pain in the head and neck with radiation to the left arm...spasm-like pain in the low back with radiation to the legs and feet...associated with tingling in the feet, numbness in the left foot and weakness in the left arm, left hand, legs, and feet...he rates the severity of the pain as 8, but as 4 at its best and 10 at its worst. His average level of pain in the last seven days is 7...symptoms have been worsening since the injury. The patient is currently taking...cyclobenzaprine 10 mg..." The objective examination findings identify, "lumbar spine...range of motion...limited...tenderness to palpation over the bilateral lumbar paraspinal muscles...positive straight leg raise test on the left in the seated and supine position to 45 degrees...motor strength is 5/5 and symmetric throughout the bilateral lower extremities, except 4+/5 on left ankle plantar flexion and left great toe extension...diminished sensation in the left L5 and S1 dermatomes..." The diagnoses state, "lumbar radiculopathy." The treatment plan recommends, "Ultram ER...Flexeril...Diclofenac XR...."

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Flexeril 7.5mg #60 between 6/14/2013 and 6/14/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The Chronic Pain Guidelines indicate that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specific to Flexeril (cyclobenzaprine), it is recommended only for a short course of therapy, no longer than 2-3 weeks. Within the documentation available for review, Flexeril had previously been utilized for longer than the recommended 2-3 weeks, and there was no clear indication of significant pain relief and/or functional improvement from its use. In light of the above issues, the currently requested Flexeril is not medically necessary.