

Case Number:	CM13-0007881		
Date Assigned:	09/13/2013	Date of Injury:	11/16/2000
Decision Date:	01/08/2014	UR Denial Date:	07/20/2013
Priority:	Standard	Application Received:	08/06/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 57-year-old male who reported an injury on 11/16/2000. The patient's symptoms were noted as low back pain and bilateral knee pain. Objective findings included positive muscle spasms in the lumbar spine, positive straight leg raises, positive weakness of the lumbar spine, and tenderness to palpation at the L5-S1 region of the lumbar spine. The patient was also noted to have positive effusion, positive joint line tenderness, and positive pain with range of motion to the bilateral knees. The patient's diagnoses include lumbar herniated nucleus pulposus, bilateral knee degenerative joint disease, and lumbar spine radiculitis. The patient's medications were noted to be Norco, Flexeril, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #40 between 7/15/2013 and 9/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cyclobenzaprine (Flexeril®). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cyclobenzaprine (Flexeril®). Page(s): 41-42. Decision based on Non-MTUS Citation Section Medications for Chronic Pain, Pg 60.

Decision rationale: The employee has symptoms of low back pain and bilateral knee pain. The employee medications are listed as Norco, Flexeril, and Celebrex. The employee was noted to have been Final Determination Letter for IMR Case Number CM13-0007881 3 prescribed

Flexeril at 06/04/2013 office visit. The MTUS Guidelines state that treatment with Cyclobenzaprine should be brief and that the addition of Cyclobenzaprine to other agents is not recommended. Additionally, in regard to medications for chronic pain, the use of medications is generally temporary for relief of pain. The MTUS guidelines further state that measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvement in functions and increased activity. It is further specified that a record of pain and function with the medications should be documented in the employee's medical records. The employee was noted to have started Flexeril on 06/04/2013; however, there is no documentation regarding followup to the medication, the effect on the employee's pain, any side effects to the medications, and any increase in function on this medication. With the absence of this documentation required by the MTUS guidelines, the requested service is not supported. For this reason, the requested medication is non-certified. The prospective request for 1 prescription of Flexeril 10mg, #40 between 7/15/2013 and 9/16/2013 is not medically necessary and appropriate