

Case Number:	CM13-0015069		
Date Assigned:	10/04/2013	Date of Injury:	03/24/2010
Decision Date:	01/21/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/21/2013

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, has a subspecialty in Interventional Spine 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. 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 patient is a 49 year old injured worker with a date of injury of March 24, 2010. The patient suffers from chronic pain of shoulder neck and low back. The requested Flexeril has been denied by UR letter July 23, 2013, as this medication is not supported by the guidelines for a long term use. The February 22, 2013 report by the primary treating physician list diagnosis as, right trochanteric bursitis, HNP of the C-spine, DDD of the lumbar spine, HNP of the L-spine, and right shoulder SLAP lesion. The patient has 7/10 pina; is currently taking Norco, Robaxin, Topaz, Omeprazole, Naproxen and Medrox patches. Per the medical records medications do help decrease the patient's pain and increase their function. MRI of the shoulder showed tendinosis; MRI of right hip showed trochanteric bursitis; and treatment recommendation were for chiropractic treatments, home exercise, medications, and a trial of Flexeril for their spasms as the Robaxin was unhelpful. The patient was given a quantity of 120 of Flexeril. The April 17, 2013 report by the treating physician recommends SI joint injection, continuous of medications. Additionally the April 19, 2013 report states that the patient is taking Flexeril bid, and medications are helping with pain and improving function. Flexeril was dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of cyclobenzaprine 7.5mg, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does not support chronic and long-term use of Flexeril. Review of the medical reports show that the patient was started on Flexeril in January of 2013 and continued at twice daily through April of 2013. If Flexeril is to be used, it is recommended for only 3-4 day use to treat acute flare-ups with spasms. Given that the patient is providing this medication on a monthly basis at 2 daily, the request cannot be supported as the MTUS only supports short-term use of Flexeril. The request for pharmacy purchase of cyclobenzaprine 7.5mg, quantity 120 is not medically necessary and appropriate.