

Case Number:	CM13-0022845		
Date Assigned:	12/18/2013	Date of Injury:	03/14/2010
Decision Date:	02/28/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

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 Occupational Medicine, has a subspecialty in Internal 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 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:

According to the records made available for review, this is a 54-year-old female with a 3/14/10 date of injury. At the time of request for authorization for Flexeril 7.5mg at hour of sleep qty 90, there is documentation of subjective (radiating left shoulder, neck, and wrist pain; and low back pain radiating into the upper back) and objective (painful arc of the left shoulder, decreased left shoulder range of motion, and minimal tenderness over the lumbar spine) findings, current diagnoses (multilevel degenerative changes throughout the cervical spine, s/p left shoulder surgery, frozen left shoulder, and lumbar spine sprain/strain), and treatment to date (medications including cyclobenzaprine (Flexeril) since at least March of 2010 and more recently on 4/12/13)). 8/19/13 utilization review determination identifies that in peer to peer discussion with [REDACTED], he agreed to discontinue Flexeril. There is no documentation of acute muscle spasms and the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg at hour of sleep qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine(Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy as criteria necessary to support the medical necessity of Flexeril. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain as additional criteria necessary to support the medical necessity of Flexeril. Within the medical information available for review, there is documentation of a diagnosis of multilevel degenerative changes throughout the cervical spine, s/p left shoulder surgery, frozen left shoulder, and lumbar spine sprain/strain; and conservative treatment (including cyclobenzaprine (Flexeril). However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least March of 2010 and more recently on 4/12/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is documentation of an 8/19/13 peer to peer conversation with [REDACTED], who agreed to discontinue Flexeril. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg at hour of sleep qty 90 is not medically necessary.