

Case Number:	CM13-0024382		
Date Assigned:	11/20/2013	Date of Injury:	10/19/2003
Decision Date:	01/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

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.

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 63 y.o. male with injury from 10/19/03 suffers from back and leg pain with a recent increase in symptoms. The patient has had lumbar fusion with instrumentation in the past. Utilization review denial letter is from 9/4/13 which denied the Flexeril citing MTUS. [REDACTED] report from 9/3/13 has the patient still complaining of back and leg symptoms. The patient needs MRI, and no medications were provided. No discussion regarding meds. 8/15/13 letter is an appeal report by [REDACTED] but these are for other issues than Flexeril. 8/6/13 report by [REDACTED] states that the patient has increased back and leg pain. Medications including hydrocodone, muscle relaxant and anti-inflammatory are helping him significantly, allowing him to perform his ADL's. Patient is taking more as of late due to increased symptoms. Cyclobenzaprine #60 was prescribed for one q12. There is a request for removal of hardware of the lumbar spine, 9/23/13. 8/6/13 report by [REDACTED] shows that the patient is on muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Page(s): 64.

Decision rationale: Review of the medical reports provided show that the employee suffers from chronic low back and leg pain with history of lumbar surgery. The treating physician has prescribed Flexeril for the employee's chronic pain and spasms but the California MTUS Guidelines do not support the use of Flexeril for long-term. Based on the reports available, this medication is prescribed on a monthly basis. There is no report that the employee is using it for short-term only. The California MTUS Guidelines allow up to 4 days for this medication for spasms and pain. Given the lack of documentation that this medication is currently used for short-term, recommendation is for denial. The request for Cyclobenzaprine 7.5 mg #60 is not medically necessary and appropriate.