

Case Number:	CM13-0025505		
Date Assigned:	11/20/2013	Date of Injury:	10/05/2001
Decision Date:	06/26/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 expert 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:

Patient is a 55 year old male with a date of injury on 10/5/2001. Patient has ongoing symptoms related to the wrist, back, shoulders, neck, and psyche. Subjective complaints are of persistent back pain with radiation to the calves, bilateral shoulder and wrist pain, neck pain, and depression. Physical exam revealed decreased lumbar range of motion, muscle spasm, positive bilateral straight leg raise test, positive Spurling's, and positive impingement of the bilateral shoulders. Medications include Lortab, Flexeril, Lunesta, Cymbalta, tramadol, zegerid, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Flexeril 10mg, twice a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Cyclobenzaprine, (Flexeril, Amrix, an.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants, Page(s): 41-42, 63.

Decision rationale: CA MTUS Guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using muscle relaxer chronically which is longer than the

recommended course of therapy of 2-3 weeks. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication, the requested prescription for cyclobenzaprine is not medically necessary.