

Case Number:	CM13-0033178		
Date Assigned:	12/06/2013	Date of Injury:	12/08/2012
Decision Date:	03/04/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 51-year-old female who sustained an injury to her mid and low back on 12/08/2012. She was initially treated at [REDACTED], but changed her primary treating physician to [REDACTED] on 05/17/2013. [REDACTED] most recent progress note of 10/21/2013 lists the patient's most current diagnosis as herniated nucleus pulposus at L4-5 and L5-S1 with lower extremity radiculopathy. The subjective findings were complaints of frequent low back pain rated as 7/10, with radiation to the right lower extremity, with associated numbness and spasm to the thoracolumbar area. She states that there is increase in pain with flexion. Her current medications include Nucynta 50 mg, Flexeril 10 mg, and Medrox patches. She attends physical therapy two times a week. Objective findings of the lumbar spine revealed positive straight leg raise test on the right side. Lumbar spine range of motion is decreased with flexion at 35/60°, extension at 15/25°, right lateral bend at 5/25°, and left lateral bend at 5/25°. Motor strength testing reveals weakness of the right peroneus longus and extensor pollicis longus muscle groups at 4/5. Sensation is decreased to light touch over the S1 nerve root distribution. It is noted that on the initial examination two weeks following the injury, 12/17/2012, the Doctor's First Report from [REDACTED] documented that the patient was already taking Nucynta and Flexeril; consequently, it is unknown how long the patient has been taking Nucynta and Flexeril, but it appears to be at least 14 months. It is also unknown if she is intolerant to other narcotic medications or suffers any gastrointestinal problems as a result of other chronic pain relievers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is documentation that the patient has been taking Cyclobenzaprine since at least December of 2012. Cyclobenzaprine is recommended for a short course of therapy, according to the Chronic Pain Medical Treatment Guidelines. Limited, mixed-evidence does not allow for a recommendation for chronic use. The request for Flexeril is not medically necessary.