MAXIMUS Federal Services

Case Number:	CM13-0033615		
Date Assigned:	12/20/2013	Date of Injury:	12/02/1999
Decision Date:	02/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/10/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 64-year-old male who reported an injury on December 02, 1999. The mechanism of injury information was not provided in the medical records. The most recent clinical documentation dated September 16, 2013 with pain management specialist [redacted] reported the patient complained of low back pain radiating to his left lower extremity, neck pain radiating to his left lower extremity, and mid back pain. The patient rated his pain 8/10 with medications. It is also noted in the medical records that the patient did go to the emergency department for his complaints of pain on April 17, 2013. The patient states his activity is limited due to his pain. Objective findings upon physical examination included that the patient's range of motion of the lumbar spine revealed moderate reduction secondary to pain, spinal vertebral tenderness was noted in the lumbar spine at L4 to S1, the patient was in moderate distress, lumbar myofascial tenderness and paraspinal muscle spasms were noted on palpation, the range of motion of the cervical spine revealed moderate reduction secondary to pain, cervical myofascial tenderness was noted on palpation, sensory examination revealed no significant changes, spinal vertebral tenderness (SVT) was noted in the cervical spine at the C4 to C7 level, thoracic spine left side SVT T5 to T8 with positive myofascial trigger points (MFTP). Myofascial trigger points were also identified on palpation in the left paraspinous muscles. The patient's diagnoses included lumbar radiculopathy, lumbar facet arthropathy, lumbar spinal stenosis, cervical radiculopathy, cervical facet arthropathy, gastritis, and medication related dyspepsia, right knee pain and L2-3 annular tear. The patient had failed conservative treatments to include drug therapy, activity modifications, and physical therapy. He has persistent trigger points that have been identified on physical examination and the patient received trigger point injections, a total of 2 on this visit. The patient reported good pain relief following the injection. He was able to achieve a greater than 50% reduction in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) prescription of Flexeril 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (FlexerilÂ®, AmrixÂ®, Fexmidâ¿¢, generic available.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: According to the California MTUS Guidelines, the requested medication is recommended as an option for a short course of therapy. The effect of the requested medication is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The information provided in the medical records states that the patient's pain level has been unchanged. He does not report any acute exacerbations. All of the clinical findings have remained the same when reviewing the past few clinical notes. As there is no documented exacerbation, the medical necessity for the requested medication Flexeril 10mg cannot be determined at this time, and the request is non-certified.