

Case Number:	CM13-0034667		
Date Assigned:	12/11/2013	Date of Injury:	07/18/2005
Decision Date:	02/11/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 and is licensed to practice in Ohio and Texas. 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 61-year-old male who reported an injury on 01/23/1996 due to a motor vehicle accident. There were no recent clinical examination findings to support deficits that require medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 refills of Flexeril 10mg #90: Upheld

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

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

Decision rationale: The requested Flexeril 10 mg #90 with 5 refills is not medically necessary or appropriate. There was no recent clinical documentation. California Medical Treatment Utilization Schedule recommends the use of Flexeril and other muscle relaxants for short courses of treatment. Generally, the recommended duration is not to exceed 4 weeks. In addition to there being no medical documentation to support the request, the request is in excess of guideline recommendations. As such, the requested Flexeril 10 mg #90 with 5 refills is not medically necessary or appropriate.

