

Case Number:	CM13-0035719		
Date Assigned:	12/13/2013	Date of Injury:	02/25/2002
Decision Date:	02/20/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/07/2013

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 Indiana, Illinois, 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 59-year-old male who reported an injury on 2/25/02. The patient has been treated for neck and low back pain rated at a 7/10 with the patient's current VAS score noted as a 6-7/10. The patient continues to have significant pain in the lumbar region, both axial and radicular. He has been diagnosed with multilevel lumbago with bilateral radiculopathy, status post spinal cord stimulator implantation, sacroiliac joint and facet joint arthropathy, myofascial syndrome, reactive sleep disturbance, reactive depression and anxiety, left knee arthropathy, status post surgery with anterior cruciate ligament repair, and right shoulder arthropathy. On the progress report dated 10/28/13, the patient was noted to continue using Flexeril for acute painful muscle spasms associated with the low back. The patient stated that the medication significantly improves his spasms, as they do occur in both the low back and the legs. The patient was noted to have been utilizing this medication since at least August of 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The California MTUS states that Cyclobenzaprine is recommended as an option in a short course of therapy. This medication is more effective than placebo in the management of back pain; however, the effect is modest, and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief and, as noted in the documentation provided for review, the patient has been utilizing this medication far beyond the extent of a short course of therapy. Furthermore, the physician has failed to indicate the milligrams or the number of tablets he intended to have released to the patient. Therefore, the request for the ongoing use of Flexeril, due to the lack of information provided by the physician, and a lack of medical necessity, is non-certified.