

Case Number:	CM13-0036296		
Date Assigned:	12/13/2013	Date of Injury:	07/30/2003
Decision Date:	02/04/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Neurology, has a subspecialty in Neuromuscular 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 47 year old man who sustained a work related injury on July 30 2003. Subsequently he underwent cervical and thoracic fusion and was treated with pain medications and epidural lumbar injection. On September 9 2013, he was reported to have persistent neck and back pain, neurogenic bladder and chronic constipation despite the use of medications, insomnia and impotence. Physical examination showed stiffness and spasm in the cervical and lumbar paraspinal muscles and spasticity in the right upper extremity. The provider is requesting authorization to use Flexeril of Cyclobenzaprine 10mg (Flexeril) Tablet 10mg one (1) by mouth every 24hours as needed, #90, to treat the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

refill of Cyclobenzaprine 10mg (Flexeril) Tablet 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for pain for a short course. (Non sedating muscle relaxants are recommended

with caution as a second line option for short term treatment of acute exacerbations in patient with chronic back pain). Its effects are greatest in the first 4 days. In this case Flexeril was prescribed for more than a short term use. Although the patient suffered a muscle spasm, long term use of Flexeril is not recommended as per the California MTUS guidelines. The proposed prescription of Cyclobenzaprine 10mg (Flexeril) Tablet 10mg one (1) by mouth every 24hours as needed, #90, is not medically necessary and appropriate.