

Case Number:	CM13-0044995		
Date Assigned:	12/27/2013	Date of Injury:	04/23/2013
Decision Date:	02/26/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 26-year-old male who reported an injury on 04/23/2013. The injury was noted to have occurred as a result of hyperextension of his left lower extremity. His diagnoses include Achilles tendon sprain in the left leg, gastrocnemius muscle sprain in the left leg, quadriceps muscle sprain in the left leg, and left foot and ankle sprain. His physical exam findings at his 07/30/2013 office visit indicated positive left quadriceps spasms. A recommendation was made for Flexeril to treat spasms. A 10/09/2013 supplemental report indicates that his use of Flexeril would be to treat his acute muscle spasms.

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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of Flexeril is recommended as an option for a short course of therapy. The guidelines further specify that Cyclobenzaprine is more effective than placebo in the management of back pain;

however, the effect is modest and comes with the price of greater adverse effects. The effect was noted to be greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines again state that treatment should be brief with Cyclobenzaprine. As the clinical information submitted for review indicates that the patient would be using Flexeril to treat his acute muscle spasm, and it is not intended for long-term use, the request would be supported. However, the quantity requested was not provided with the request. In the absence of the quantity prescribed, it is unknown whether the treatment will be kept brief as recommended by the guidelines. Therefore, the request is not supported.