

Case Number:	CM13-0045308		
Date Assigned:	01/10/2014	Date of Injury:	06/20/2011
Decision Date:	06/05/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 expert 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 30-year-old male with date of injury of 06/20/2011. The listed diagnoses per [REDACTED] dated 10/07/2013 are Back pain, Hip pain, Myofasciitis. According to the report, the patient is a right-handed male that has had repetitive injury since 2011. He has utilized ice, heat, exercise, chiropractic care, epidural, physical therapy for his symptoms. The patient has returned to work with lift restrictions including no repetitive bending and stooping. Voltaren gel was denied and the patient is currently "self-medicating with Norco." The request is for Flexeril. The exam shows the patient is alert, ambulates well, with decreased lumbar range of motion. Straight leg raise is positive. The patient is deconditioned. The utilization review denied the request on 10/15/2013.

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 Muscle Relaxants Section..

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

Decision rationale: This patient presents with chronic back and hip pain. The treater is requesting Flexeril. The MTUS Guidelines page 64 on cyclobenzaprine states, "recommended as a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)...This medication is not recommended to be used for longer than 2 to 3 weeks." The review of 41 pages of reports do not show that this patient has used Flexeril in the past. While flexeril is indicated for back pain and fibromyalgia, it is not recommended to be used for more than 2-3 weeks. The treater does not indicate that this is to be used for a short-term. Duration of the treatment is not medically necessary.