

Case Number:	CM13-0046856		
Date Assigned:	12/27/2013	Date of Injury:	11/29/1993
Decision Date:	02/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular disease and is licensed to practice in 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 64-year-old female who reported injury on 11/29/1993. The mechanism of injury was stated to be the patient was working as a registered nurse recovering a patient following surgery and the patient's gurney collapsed. The patient indicated they were taking the medication to reduce muscle spasms when they go to bed to be the most effective. The patient's diagnosis was not provided. The request was made for a refill of Flexeril 10 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril 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 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The clinical documentation indicated (per the patient) that they were not taking more medications than were prescribed and that the patient was taking the medication when they go to bed to be the most effective. The clinical documentation indicated that with the medication, the patient was able to function daily and do daily ADL's around the house. It additionally indicated that the patient managed spasms with Flexeril and continued to exercise. Additionally it indicated that the medication helped the patient maintain their shoulder ROM. The patient had been taking the Flexeril since 2007. There was a lack of documentation of an objective physical examination and documentation indicating the necessity for long-term treatment, as this medication was not recommended for longer use than 2 to 3 weeks. Given the above, the request for Flexeril 10 #60 with 2 refills is not medically necessary.