

Case Number:	CM13-0047254		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2010
Decision Date:	03/10/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/05/2013

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 Pain Management, 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 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:

This is a 37 year-old female who was injured on 8/18/10. She has been diagnosed with lumbar disc displacement without myelopathy. She has been through an FRP and on 10/10/13 presents with continued low back pain and radiation to the lower extremities. On 10/21/13, UR denied the use of Flexeril. The 10/10/13 medical report from [REDACTED] states the patient is using Mirtazapine, Colace, sennosides, hydrocodone/apap 10/325, Protonix; naproxen; Flexeril; gabapentin; HCTZ, Zyrtec, Albuterol, Qvar. The 8/29/13 report shows Flexeril was first prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The records show the patient has been using Flexeril (cyclobenzaprine) since 8/29/13. MTUS guidelines for Flexeril specifically states: "This medication is not

recommended to be used for longer than 2-3 weeks." The request for continued use of cyclobenzaprine from 10/10/13 (5-6 weeks), will exceed the MTUS recommended duration.