

Case Number:	CM13-0052323		
Date Assigned:	06/09/2014	Date of Injury:	01/16/2003
Decision Date:	07/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/15/2013

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 and is licensed to practice in Maryland. 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 49 year old female who had a date of work injury of 1/16/03. The diagnoses include irritable bowel syndrome; GERD; insomnia, cervical spine radiculopathy and strain s/p cervical fusion in 2009, and lumbar spine radiculopathy. The examinee's complaints are in the neck, right shoulder, low back and left leg. There is a request for the medical necessity of Flexeril. There is a 9/30/13 primary treating physician handwritten document that states that the patient continues to have low back pain radiating to her legs. The patient complains of nausea without vomiting. On examination the blood pressure is 127/77. There is a negative straight leg raise. The rest of the exam is illegible. The diagnoses are IBS, Insomnia, GERD; cervical spine sprain and radiculopathy and lumbosacral radiculopathy, s/p right shoulder surgery with weakness. The treatment plan includes Flexeril, Norco, Viibryd daily, and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG #30: 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): 41-42.

Decision rationale: The MTUS Chronic Pain Guidelines indicate this medication is not recommended to be used for longer than 2-3 weeks. According to the medical records provided for review, the patient has been on this medication longer than the 2-3 week recommended period dating back to at least August of 2013. The continued use of Flexeril is not medically appropriate and therefore the request for Flexeril 7.5mg #30 is not medically necessary.