

Case Number:	CM13-0053936		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2012
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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, has a subspecialty in Pain Management 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 39-year-old female with date of injury on 07/03/2012. The progress report dated 10/21/2013 by [REDACTED] indicates the patient's diagnoses include: 1) Lumbar disk degeneration, 2) Lumbar disk displacement, 3) Psychogenic pain NEC. The patient continues to complain of low back pain and right upper extremity pain. Physical exam shows that patient has a slowed gait. The patient appeared to be depressed and vocalizes helplessness and hopelessness. The patient appeared anxious and worried. It was noted that the patient alternates between Soma 350 mg and Flexeril depending on the severity of her pain for muscle spasms. The utilization review letter dated 10/29/2013 issued non-certification for Flexeril 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexiril 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient continues with low back pain and muscle spasms, which she takes muscle relaxants for. The progress reports dated 07/09/2013, 08/08/2013, and 10/21/2013

indicate that the patient continues to alternate between Soma 350 mg and Flexeril depending on the severity of her pain for muscle spasms. MTUS Guidelines page 64 regarding Flexeril states that it is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. MTUS further states that this medication is not recommended to be used for longer than 2 to 3 weeks. The records appear to indicate the patient has been using this medication on a chronic basis. This does not appear to be recommended by the guidelines noted above. Therefore, recommendation is for denial.