

Case Number:	CM13-0057633		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2001
Decision Date:	04/03/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family Practice 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 58-year-old female who reported an injury on 07/03/2001. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar sprain/strain, chronic pain syndrome, and lumbar spine degenerative disc disease. The patient was seen by [REDACTED] on 06/05/2013. The patient reported 4/10 pain. Physical examination revealed decreased and painful range of motion as well as tenderness to palpation. Treatment recommendations included continuation of current medications and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #15: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks according to the MTUS Chronic Pain Guidelines. The patient has continuously utilized

this medication. There is no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no documentation of functional improvement. As the MTUS Guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.