

Case Number:	CM13-0059519		
Date Assigned:	12/30/2013	Date of Injury:	10/24/2003
Decision Date:	04/07/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and Pain Medicine 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 47-year-old male who reported an injury on 10/24/2003. The mechanism of injury was not specifically stated. The patient is currently diagnosed with a cervical strain, bilateral upper extremity radiculopathy, status post bilateral arthroscopic shoulder surgery, myofascial pain syndrome, lumbar and right sacroiliac pain, bilateral knee derangement, left leg radiculopathy, morbid obesity and insomnia. The patient was seen by [REDACTED] on 10/22/2013. The patient reported persistent lower back pain with radiation to the left lower extremity. Physical examination revealed normal range of motion, 5/5 motor strength, muscle guarding, tenderness to palpation, positive Faber's/Patrick's sign on the right and painful range of motion. The treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Flexeril 7.5mg #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second-line options for the 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. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination did not reveal palpable muscle spasm or spasticity. As the guidelines do not recommend the long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.