

Case Number:	CM13-0063839		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2011
Decision Date:	05/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/10/2013

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 Illinois. 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 injured worker is a 59-year-old male who reported an injury on 11/07/2011. The mechanism of injury was not provided. Current diagnoses include postlaminectomy syndrome in the cervical spine, cervical facet syndrome and cervical radiculopathy. The injured worker was evaluated on 11/13/2013. The injured worker reported persistent pain with poor sleep quality and decreased activity. The injured worker has been previously treated with physical therapy. Physical examination on that date revealed restricted cervical range of motion, hypertonicity, tenderness to palpation, positive facet loading maneuver, positive Spurling's maneuver, decreased strength and diminished deep tendon reflexes. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®)..

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second-line options for the short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the injured worker was issued a prescription for Flexeril 10 mg on 08/21/2013. However, it is also noted that the injured worker failed a trial of Flexeril secondary to side effects. Therefore, continuation cannot be determined as medically appropriate. Guidelines do not recommend the long-term use of this medication. There was also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.