

Case Number:	CM13-0064109		
Date Assigned:	01/03/2014	Date of Injury:	07/30/2003
Decision Date:	04/04/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Orthopedic Spine Surgery 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 49-year-old male who reported an injury on 07/30/2003. The mechanism of injury was not specifically stated. The patient is diagnosed with anterior spinal artery compression syndrome, low back pain, neck pain, quadriplegia, and chronic pain. The patient was seen by [REDACTED] on 11/11/2013. The patient reported persistent neck and low back pain. Physical examination revealed an antalgic gait and diminished grip strength. Treatment recommendations included continuation of current medication. A request for authorization for medical treatment was then submitted by [REDACTED] on 11/19/2013 for bilateral forearm crutches and a refill of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with three refills: Upheld

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

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

Decision rationale: California MTUS 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. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report worsening symptoms. There was no evidence of palpable muscle spasm, muscle tension, or spasticity upon physical examination. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.