

Case Number:	CM13-0070321		
Date Assigned:	01/03/2014	Date of Injury:	09/22/2004
Decision Date:	05/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 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 51 year old male who reported an injury on 09/22/2004 which occurred while tightening a bolt. He was evaluated on 10/02/2013 and reported 5/10 pain in the head, neck, and both shoulders with radiation to both arms. He also reported pain in the lower back with radiation to both legs and feet which was relieved with rest, medications, application of heat and ice, and physical therapy. On physical exam, the injured worker was noted to have a positive straight leg raise bilaterally, diminished sensation in the bilateral L5 and S1 dermatomes, and diminished deep tendon reflexes (1+) bilaterally in both upper and lower extremities. He was diagnosed with lumbar post laminectomy syndrome. At the time of evaluation, the injured worker was taking morphine sulfate extended release 30mg daily, Flexeril 10mg with unknown frequency, and naproxen with unknown dosage and frequency. It was noted that the injured worker had undergone laminectomy and disc repair in January of 2005. It was also noted that the injured worker was treated previously with epidural steroid injections, sacroiliac joint injections, trigger point injections, psychotherapy, physical therapy, and a TENS unit with unspecified treatment duration. He received a spinal cord stimulator implant in 2009. A request for authorization was submitted on 10/15/2013 for Flexeril 7.5mg #60 to treat muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: California MTUS Chronic Pain Guidelines recommend Flexeril as an option for treatment of acute exacerbations associated with chronic low back pain and spasms. Guidelines also state that Flexeril should be used as a short course of therapy no longer than 2-3 weeks as prolonged use may lead to dependence and decreased efficacy. According to the documentation provided, the injured worker has taken Flexeril 10mg. However, frequency and duration of Flexeril was not documented in the information provided for review. Therefore, it is unclear how long the injured worker has used the medication and does not indicate an intention for short-term use less than 3 weeks. Additionally, the rationale for the request indicated use for spasms as per the last clinical. The same clinical note documented that there were no acute spasms noted on physical exam. As such the request for Flexeril 7.5mg #60 is not medically necessary.