

Case Number:	CM14-0000744		
Date Assigned:	01/17/2014	Date of Injury:	02/28/2013
Decision Date:	06/10/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 34-year-old male with a date of injury 02/28/2013. Per 12/09/2013 report by treating physician, the patient presents with neck pain 8/10, right shoulder pain 7/10, left shoulder pain at 7/10, low back pain 9/10, and left knee at 8/10. Pain is severe, constant, and has difficulty with activities of daily living. The patient also has an umbilical hernia. The listed diagnoses include cervical spine disk syndrome, bilateral shoulder rotator cuff syndrome, bilateral shoulder strain/sprain, lumbar spine disk syndrome, bilateral knees strain/sprain with osteoarthritis, bilateral knee lateral and medial meniscal tears, Bell's palsy, and headaches. Under discussion and treatment plan, requesting authorization is for omeprazole, Flexeril 10 mg #80 tablets to be taken twice daily to reduce muscles spasms, tramadol, Lidoderm patches, TG Hot topical cream, Fluoroplex topical cream, etc. The 11/04/2013 report is also reviewed with list of same diagnoses and the request for same medications, but this time Flexeril is requested at #30 to be taken orally as the directed to reduce muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL (CYCLOBENZAPRINE) 10 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER ON MUSCLE RELAXANTS (FOR PAIN), CYCLOBENZAPRINE.

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

Decision rationale: This patient presents with chronic pain of the neck, bilateral shoulders, low back, and bilateral knees. The request was for Flexeril #30 per 11/04/2013 report. Review of the reports show that this patient has been prescribed this medications for long term. There is no discussion that this medication is to be used for short-term. On 12/09/2013, the treating physician prescribed #80, and on 11/04/2013, prescription was for #30 to be taken on a daily basis. MTUS Guidelines are quite clear in regarding the use of Flexeril. It is recommended for short-term only in most cases 3 to 4 days and no more than 2 to 3 weeks. In this request, the treating physician appears to be prescribing this medication on a long term basis. Recommendation is for denial.