

Case Number:	CM14-0001555		
Date Assigned:	01/22/2014	Date of Injury:	02/07/2008
Decision Date:	06/23/2014	UR Denial Date:	12/19/2013
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 Occupational Medicine 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:

This is a 60-year-old male patient with a 2/7/08 date of injury. 5/31/13 supplemental report indicates persistent and chronic neck and low back pain. Suboxone was not adequate enough to relieve his pain. The patient was considered for intrathecal pump. Physical exam demonstrates antalgic gait. Flexeril 10 and 5-mg were prescribed. 7/19/13 progress report indicates persistent chronic neck and low back pain. Flexeril, as previously, was again prescribed, with no specific assessment of previous efficacy. 8/13/13 progress report indicates persistent neck and low back pain, with refills on previous Flexeril prescriptions without assessment of response to previous Flexeril treatment. 9/10/13 progress report indicates chronic neck and low back pain, refill on Flexeril prescriptions, again with no assessment of previous efficacy or rationale for ongoing treatment. Refills were also given on 10/8/13, 11/5/13, and 12/3/13. Treatment to date has included medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. However, there is no evidence of failure of first-line therapeutic options. There is also no documentation that treatment will be limited to a short-term treatment course. In fact, repeat refills were prescribed with no assessment of prior efficacy or a rationale for extension of Flexeril treatment beyond a brief course. Therefore, the request for Flexeril 10 MG # 60 was not medically necessary.

FLEXERIL 5 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. However, there is no evidence of failure of first-line therapeutic options. There is also no documentation that treatment will be limited to a short-term treatment course. In fact, repeat refills were prescribed with no assessment of prior efficacy or a rationale for extension of Flexeril treatment beyond a brief course. Therefore, the request for Flexeril 5 MG # 30 was not medically necessary.