

Case Number:	CM14-0001722		
Date Assigned:	01/22/2014	Date of Injury:	03/19/2001
Decision Date:	03/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 19, 2001. Thus far, the applicant has been treated with the following: Analgesic medications, including long-acting opioids; muscle relaxants; adjuvant medications; and extensive periods of time off of work. In a Utilization Review Report of December 6, 2013, the claims administrator denied a request for Flexeril, approved a request for long-acting morphine, approved a request for immediate release morphine, and approved a request for Neurontin. The applicant's attorney subsequently appealed. An earlier clinical progress note of January 6, 2014, is notable for comments that the applicant is totally temporary disabled. The applicant reports heightened 8/10 low back pain. The applicant is on Norco, Neurontin, Halcion, Flexeril, and morphine. He is status laminectomy procedure. He is apparently contemplating further spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Flexiril 16 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Chronic Pain Medical Treatment Guidelines, May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using numerous other analgesic and adjuvant medications, including morphine, Neurontin, Halcion, etc. Adding cyclobenzaprine or Flexeril to the mix is not indicated. It is further noted that the applicant has failed to effect any lasting benefit or functional improvement through prior usage of Flexeril. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various medications, including morphine, Neurontin, etc. All of the above, taken together, argue against any functional improvement achieved despite prior usage of Flexeril. Therefore, the request remains non-certified, on Independent Medical Review.