

Case Number:	CM14-0004342		
Date Assigned:	02/05/2014	Date of Injury:	08/27/2007
Decision Date:	10/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/11/2014

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 California, has a subspecialty in Physical Medicine & Rehabilitation, 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 52 year old male who sustained an injury to his low back on 08/27/2007 while carrying wood in a flexed position. Prior treatment history has included physical therapy and pool therapy. Progress report dated 12/13/2013 states the patient presented with complaints of aches and stiffness with intermittent with radiation into upper extremities. On examination of the cervical spine, flexion is 3 cm from chest; extension is 40 and lateral is 30 bilaterally. The patient is diagnosed with cervical strain; multilevel cervical spine disc protrusion; lumbar spine strain and multilevel lumbar spine disc protrusion. The patient is prescribed Flexeril 10 mg. Prior utilization review dated 12/20/2013 states the request for Flexeril 10 Mg #30 Q(Every) Hs(Hour Of Sleep) is denied as long term use of this medication is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30 q (every) hs (hour of sleep): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41,42,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: The request is submitted for problems that the patient reports in the cervical spine. The original injury relates to the low back. This by itself renders the request not medically indicated, as the condition being treated is different than the condition for which the patient was authorized for treatment. The MTUS Guidelines and the Flexeril package insert both indicate that the medication is generally for short-term usage, typically 2-3 weeks. The rationale relates to the lack of clinical trials to indicate the benefit of longer-term usage. There is therefore no clear evidence of long term effectiveness. Based on the above information, the request is not medically necessary.