

Case Number:	CM14-0007981		
Date Assigned:	02/07/2014	Date of Injury:	04/30/1992
Decision Date:	06/09/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/21/2014

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 & Rehabilitation, 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 62 year old male who reported a low back injury on 05/02/2007; the mechanism of injury was not provided within the submitted documentation. Within the clinical note dated 11/26/2013 the prescribed medication list included MS Contin, Roxicodone, Cymbalta, Lyrica, and Flexeril. The physical exam included limited range of movement in the lumbar spine, absent deep tendon reflexes bilaterally, and left calf atrophy. The clinical note dated 08/13/2013 the prescribed medication list included MS Contin, Roxicodone, Cymbalta, Lyrica, and Flexeril. The request for authorization was dated 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Flexeril for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with

similar effects to tricyclic antidepressants. The injured worker has been taking Flexeril for an extended amount of time and the request exceeds the recommendations from the MTUS Chronic Pain Guidelines. In addition, within the medical records provided for review the injured worker neither complained of spasms, nor did the physical exam document muscle spasms.. Hence, the request is not medically necessary and appropriate.