

Case Number:	CM14-0016135		
Date Assigned:	06/04/2014	Date of Injury:	08/09/2010
Decision Date:	08/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 female who has submitted a claim for sprain of the cervical region, sprain of the lumbar region, and sprain/strain of the hip and thigh; associated with an industrial injury date of 08/09/2010. Medical records from 08/13/2013 to 01/29/2014 were reviewed and showed that patient complained of neck and back pain, graded 7/10. Physical examination showed minimal tenderness over the lumbar region. Ranges of motion of the cervical and lumbar spine were decreased. Straight leg raise, bowstring, and femoral stretch tests were negative. Lhermitte's and Spurling's signs were negative. There was mild weakness and numbness on the right at C6 and C7. Treatment to date has included topical and oral analgesics, Protonix, anterior lumbar discectomy and fusion (10/23/2012), and left foot surgery (04/26/2013). Utilization review, dated 02/06/2014, denied the request for Flexeril because there was no discussion regarding muscle spasm. Three appeal letters, dated 08/13/2013, 09/13/2013, and 09/17/2013, claim that the denial of cyclobenzaprine (Fexmid) are inappropriate because muscle relaxants are recommended for muscle spasms, and for brief use as a second- or third-line agent in acute exacerbations of chronic pain conditions including radicular pain syndromes.

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 Muscle Relaxants (For Pain) Page(s): 64.

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated on page 41 of California MTUS Chronic Pain Medical Treatment Guidelines, treatment using Cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, the patient has been prescribed Flexeril since August 2013. The medical records submitted for review do not show subjective or objective evidence of muscle spasms. Long-term use is likewise not recommended. Therefore, the request for Flexeril 10mg #90 is not medically necessary.