

Case Number:	CM14-0016161		
Date Assigned:	03/05/2014	Date of Injury:	09/30/2008
Decision Date:	06/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/08/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 43-year-old male with a date of injury of 09/30/2008. The listed diagnoses per [REDACTED] are IND to lumbar spine, Status post anterior/posterior L4-L5 and L5-S1 fusion on 08/08/2012, L4-L5 and L5-S1 disk degeneration confirmed by discography, L4-L5 lateral recess stenosis, L3-L4 annular tear, Left leg radiculopathy with weakness. According to report dated 01/03/2014 by [REDACTED], the patient presents with ongoing neck pain with numbness radiating down the bilateral arms. He rates his symptoms as a 7/10 on VAS. He also complains of low back pain with numbness radiating down the bilateral legs. The patient's current medications include Lunesta 3 mg, Norco 10/325 mg, Cymbalta 60 mg, gabapentin 100 mg, and Robaxin 750 mg. The treater does not provide a physical examination on this date. Report 11/15/2013 does provide a physical exam. Physical examination revealed there is tenderness of the paracervical muscles. There is tenderness over the base of the neck and base of the skull. There is no tenderness over the trapezius musculature or interscapular space. There is decreased sensation on the left upper extremity. Progress report 10/04/2013, 09/18/2013 and 08/28/2013 also do not show muscle spasms on physical examination. Utilization review is dated 01/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FLEXERIL 10MG BETWEEN 1/3/14 AND 3/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting Flexeril 10 mg between 01/03/2014 and 03/24/2014. MTUS page 64 states "cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." Medical records indicate this is the first time this patient is being prescribed Flexeril. In this case, muscles spasms are not indicated in the physical examinations. Furthermore, MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The treater does not specify the quantity being requested, but indicates the duration of usage is between 01/03/2014 and 03/24/2014. Request is not medically necessary.