

Case Number:	CM14-0016428		
Date Assigned:	04/11/2014	Date of Injury:	02/02/2010
Decision Date:	05/28/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The patient is a 49-year-old male with a date of injury of 02/02/2010. The listed diagnoses are: Cervical pain, cervical radiculopathy, Elbow pain, Entrapment neuropathy of upper limb, Carpal tunnel syndrome, Shoulder pain, Lateral epicondylitis and Wrist pain. The patient presents with increased mid back pain which radiates down to bilateral arms. He notes numbness and tingling as well. His last epidural injection was in April 2012 which provided moderate relief in his symptoms. Treater would like to consider a repeat CESI. The patient also complains of increased pain along his low back. Pain is worse with extension. There are no radicular symptoms noted. The patient's states he has difficulty sleeping as he has been without Trazodone. He is unable to initiate sleep and will go the entire night without sleeping. Patient's medication includes Pristiq 50 mg, Norco 10 mg, Trazodone 50 mg, Colace 100 mg, Senokot 8.6-50 mg, Lyrica 150 mg, Flexeril 10 mg, Nexium 40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) page 64 as well Official Disability Guidelines (ODG).

Decision rationale: This patient presents with continued neck and low back pain. The treater is requesting Flexeril as needed for muscle spasm as the patient reports decreased myofascial tension and spastic pain with the use of this medication. The MTUS guidelines, page 64, states "cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." In this case, medical records indicate that this patient has been prescribed Flexeril since 04/11/2013. 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 requested refill of Flexeril is not medically necessary, and recommendation is for denial.