

Case Number:	CM14-0017841		
Date Assigned:	06/11/2014	Date of Injury:	01/28/2009
Decision Date:	07/29/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 underlying date of injury in this case is 01/28/2009. The patient's diagnosis is status post cervical surgery in July 2013 with residual pain in the left arm radiating below the left elbow. On 01/02/2014, the treating physician issued a PR-2 report noting the neck pain had improved but the patient reported pain in the left arm and occasional numbness in the fingers. The patient was going to continue going to physical therapy. On exam the patient had pain with range of motion in the cervical spine. The patient had a soft collar in place. The treatment plan included spine surgeon followup as well as Norco, Ambien, and Flexeril 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF FLEXERIL, 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, page 65, recommends Flexeril only for a short course of therapy. The guidelines specifically do not recommend this for chronic use.

The quantity prescribed at this time suggests a prescription for a longer duration than anticipated by the treatment guidelines. The medical records do not support this current request for Flexeril. This request is not medically necessary.