

Case Number:	CM14-0123086		
Date Assigned:	08/08/2014	Date of Injury:	09/12/2013
Decision Date:	09/25/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 34-year-old male with an injury date of 09/12/2013. Based on the 07/02/2014 progress report, the patient complains of constant moderate neck pain as well as constant, occasional tight lower back pain. He rates his neck pain as a 7/10 which extends to his shoulders. He rates his lumbar spine pain as a 9/10. The 06/30/2014 report indicates that the patient has mid and upper back pain which radiates down to his lower back and his legs, down to his ankles, and is associated with numbness. The patient has an antalgic gait on his right and has moderate cervical paraspinous muscle tenderness/spasm extending to the right trapezius. Patient also has facet tenderness at C4 through C7 levels. In regards to his upper extremity, the patient has right shoulder pain over the acromioclavicular joint. He also has decreased sensation at the C5 dermatome on the right. In regards to his lumbar spine, there is diffuse lumbar paraspinous muscle tenderness with trigger points and moderate facet tenderness noted at L4 through S1 levels. He has decreased sensation at the L4 and L5 dermatomes bilaterally. The patient's diagnoses include the following: Cervical spine, sprain/strain, Cervical radiculopathy, Right shoulder impingement, Lumbar sprain/strain, Lumbar radiculopathy, Lumbar facet syndrome, Bilateral sacroiliac joint arthropathy and Pancreatitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available; Muscle relaxants (for pain) Page(s): 63, 64.

Decision rationale: Based on the 07/02/2014 progress report, the patient complains of having constant, moderate neck pain, as well as tight lower back pain. The request is for Flexeril 7.5 mg #60. The denial letter indicates that the patient has been taking Flexeril as early as 03/10/2014. According to the MTUS Guidelines, Cyclobenzaprine's are "not recommended to be used for longer than 2 to 3 weeks." The patient has been taking this medication on a long-term basis which is not within MTUS Guidelines. This request is not medically necessary and appropriate.