MAXIMUS Federal Services

Case Number:	CM14-0131933		
Date Assigned:	08/22/2014	Date of Injury:	08/23/2007
Decision Date:	10/01/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 injured worker is a 69 year old male who reported an injury on 08/23/2007. Mechanism of injury was not provided. The injured worker had diagnoses of multilevel lumbago with radiculopathy bilateral, sacroiliac joint and facet joint arthropathy, multilevel cervicalgia with radiculopathy. Past treatment included medications, lumbar epidural steroid injection and facet injection, radiofrequency ablation of sacroiliac joint, a facet rhizotomy, and land based and water physical therapy. Diagnostic testing was not provided. Surgical history was not provided. The clinical noted dated 07/11/2014 noted the injured worker complained of pain to the lumbar and cervical spines rated 6-7/10. The physical examination revealed sciatic notch tenderness bilaterally and exquisite focal tenderness over sacroiliac joints bilaterally, which remained positive to provocative maneuvers. The injured worker had significant focal tenderness over the facets with positive provocation bilaterally worse on the right side. There were associated paraspinous muscle spasms in the lumbar region. There was decreased range of motion in lumbar and cervical spines to flexion, extension and lateral rotation. The injured worker had significant pain with flexion and extension movements of the trunk area. The injured worker had cervical spasms, along with multiple tender and trigger point areas in the upper trapezius muscle groups bilaterally. Medications included Percocet 10/325mg, tramadol 50mg, Norco10/325mg, Flexeril 10mg. The treatment plan was for Flexeril 10mg. The rationale for the request was not submitted. The request for authorization form was submitted on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The injured worker has chronic pain to the lumbar and cervical spines, as well as spasms. The California MTUS Guidelines state that Flexeril is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The guidelines state Flexeril is not recommended for chronic pain or to be used for longer than 2-3 weeks. There is lack of documentation stating the length of time the injured worker has been prescribed the requested medication. The frequency of the requested medication was not provided. Therefore the request for Flexeril 10mg #60 is not medically necessary.