

Case Number:	CM14-0134686		
Date Assigned:	08/27/2014	Date of Injury:	07/16/2012
Decision Date:	10/23/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 55 year old female with a date of injury on 7/16/2012. Subjective complaints are of ongoing low back and neck pain. Physical exam showed decreased cervical flexion, strength and sensation was intact in the arms and legs. Medications include Voltaren, Flexeril, and Norco. Prior treatment has included lumbar and cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE, Page(s): 41-42.

Decision rationale: CA MTUS guidelines indicate that the use of Cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse effects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. There is no

evidence in the documentation that suggests the patient experienced improvement with the ongoing use of Cyclobenzaprine. Therefore, the medical necessity for Flexeril is not established.