MAXIMUS Federal Services

Case Number:	CM14-0152156		
Date Assigned:	09/22/2014	Date of Injury:	01/23/2000
Decision Date:	10/29/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 53-year-old female who reported an injury on 01/23/2000 due to an unknown mechanism. Physical examination, on 08/11/2014, revealed that Naprosyn, Prilosec, Flexeril, and Norco allow the injured worker to function at her current level. It was reported the injured worker is tolerating the medications well. It was reported that the injured worker takes Naprosyn for the anti-inflammatory effects. Flexeril was taken in the evening to help normalize sleep pattern and help with parascapular, paralumbar, and paracervical muscle tightness and spasm. The injured worker took Prilosec for NSAID induced dyspepsia, not as prophylaxis. The injured worker took Norco for breakthrough pain. The treatment plan was not reported. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41, 64.

Decision rationale: The request for Flerexil 7.5 mg #240 is not medically necessary. The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify using this medication outside of current guidelines. Therefore, this request is not medically necessary,