

Case Number:	CM14-0152990		
Date Assigned:	09/23/2014	Date of Injury:	01/05/2007
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 Alabama. 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 59 year old female who was injured on 01/05/2007. The mechanism of injury is unknown. Prior medication history included Norco 10/325 mg, cyclobenzaprine (Flexeril) 7.5 mg, Prozac 20 mg, Effexor XR 75 mg, and Celexa 20 mg. Toxicology report dated 07/17/2014 revealed positive results for hydrocodone, hydromorphone which is consistent the prescribed medication hydrocodone. Progress report dated 07/17/2014 documented the patient to have complaints of lumbar pain. She reported her medications are helpful as they allow her to walk regularly and they included Norco and Flexeril. She reported associated numbness and tingling and rated her pain as 4/10 with medications and 8/10 without medications. On exam, the lumbar spine revealed tenderness at the SI joints bilaterally and over the paraspinals. Patrick's sign and Gaenslen's maneuver are positive bilaterally. Straight leg raise is positive on the left. The patient is diagnosed with lumbar radiculitis, lumbago, degeneration of the lumbosacral intervertebral disc; myalgia and myositis. She was recommended to continue with Flexeril 10 mg 360. Prior utilization review dated 08/19/2014 states the request for 60 tablets of Flexeril 10mg is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Flexeril 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The above guidelines for flexeril state "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks." In this case, notes from 4/24/14, 6/5/14, and 7/17/14 report that the patient is "taking norco and flexeril." This is beyond the 3 week recommendation per guidelines. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.