

Case Number:	CM14-0157127		
Date Assigned:	09/30/2014	Date of Injury:	07/15/2002
Decision Date:	11/05/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 39-year-old female who reported an injury on 07/15/2012. The mechanism of injury was not provided. The diagnoses included lumbago, chronic back pain, lumbar facet syndrome, and neck pain. Past medical treatment included medications. Diagnostic testing has included an EMG/NCS to bilateral lower extremities on 08/21/2013 and on 08/14/2013, an MRI of lumbar spine without contrast on 06/03/2011, urine toxicology on 02/10/2010. Surgical history was not provided. The injured worker complained on 08/18/2014 of neck pain and lower back ache, rating pain with medications as 4/10 on the pain scale. The injured worker rated her pain without medications as 8/10 on the pain scale. The physical examination revealed the injured worker has antalgic gait; was assisted by cane. The physical examination of cervical spine revealed range of motion was restricted with flexion limited to 30 degrees, extension limited to 30 degrees, bilateral bending limited to 20 degrees, left lateral bending limited to 20 degrees, lateral rotation to the left limited to 30 degrees, lateral rotation to the right limited to 30 degrees and pain. The examination of the paravertebral muscles revealed tenderness and tight muscle band were noted on both sides. Medications included Ultram ER 300 mg, trazodone 50 mg, Flexeril 10 mg, Vicodin 5-300 mg, Neurontin 300 mg, Butrans 10 mcg patch, and Lidoderm 5% patch. The treatment plan was for 1 prescription of Flexeril 10 mg #60. The rationale for the request was not submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg, #60: Upheld

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

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

Decision rationale: The request for Flexeril 10mg, #60 is not medically necessary. The injured worker complained on 08/18/2014 of neck pain and lower back ache, rating pain with medications as 4/10 on the pain scale. The California MTUS Guidelines state that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy and 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. There is a lack of evidence of muscle spasms documented upon physical examination. There is a lack of documentation of the physician's rationale for prescribing a muscle relaxant. The frequency of the requested medication was not provided. Therefore the request for Flexeril (Cyclobenzaprine) 10mg, #120 is not medically necessary.