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| Case Number: | CM14-0167564 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 03/30/2001 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a male patient with a date of injury of March 30, 2001. A utilization review determination dated October 2, 2014 recommends non-certification of Flexeril 10 mg #90. A progress note dated September 15, 2014 identifies subjective complaints of neck and thoracic spine pain, the patient has had a pain flare up for the past month and a half, the patient would like to go back to one 5 mg Norco until his pain flare-up eases, he continues to use Flexeril, he continues to use a TENS unit, and the patient has never had acupuncture and is willing to try it. Physical examination identifies increased tenderness to the thoracic and cervical spine, and he is very stiff and has decreased range of motion on all planes in the neck. The diagnoses include neck/upper back pain. The treatment plan recommends Norco 5/325 #120, Flexeril 10 mg #90, TENS unit leads were dispensed, and an authorization for a trial of acupuncture for six sessions to the cervical and thoracic spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Flexeril 10mg #90, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Flexeril specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Flexeril. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the guidelines. In the absence of such documentation, the currently requested Flexeril 10mg #90 is not medically necessary.