

Case Number:	CM14-0020409		
Date Assigned:	04/30/2014	Date of Injury:	08/27/2011
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

The patient is a 60 year old man who sustained a work related injury on August 27 2011. Subsequently, he developed a chronic back pain. He underwent lumbar laminectomy on 2012. According to the note dated on December 19 2013, the patient reported chronic back pain and testicular pain. He also has neck pain. The pain is rated 9/10 without medications and 3-4/10 with medications. His medications included Norco and Amitriptyline. The addition of Flexeril at night did help. His physical examination showed decreased reflexes in both lower extremities and mild lower extremities weakness. The patient was diagnosed with chronic neck pain and post L3-4 laminectomy. The provider requested authorization for Flexeril which was prescribed at least since December 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF FLEXERIL #30 DOS: 1/16/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to California MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Flexeril is not justified. The patient was prescribed Flexeril at least since at least December 2013 and there is no rational for continuous use of the drug is not justified. Therefore, the request of Flexeril is not medically necessary.