

Case Number:	CM14-0023889		
Date Assigned:	06/11/2014	Date of Injury:	04/05/2010
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

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, and is licensed to practice in Illinois. 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 49 year old female who reported an injury on 04/05/2010 due to an unknown mechanism. The injured worker had complaints of chronic low back pain and neuropathic pain both lower extremities. Physical examination on 02/19/2014 revealed full range of motion of the neck, no crepitation with motion. Extension of the neck, lateral bending and rotation do not cause any shoulder, upper back or upper extremity pain. No evidence of spasm. Dorsal spine normal exam. Restricted range of motion lumbar spine. Flexion is restricted to 40 degrees, extension to 10 degrees. Lateral bending to 10 degrees. Mildly positive straight leg raise bilaterally. She does have a component of chronic neuropathic pain both legs. Muscle strength lower extremities were normal. Diagnostic studies were not submitted with the report. The injured worker did have lumbosacral fusion of L4 to S1. Operative report was not submitted. Diagnoses were status post lumbar fusion, lumbar spine degenerative disc disease symptomatic hardware of the lumbar spine. Medications noted were Flexeril three times a day for muscle spasms in legs, Neurontin, Motrin and Prilosec. The treatment plan mentions the removal of hardware, physical therapy and additional diagnostic studies if transitional problems develop, and to continue current medications as prescribed. The injured worker has been taking Flexeril for almost a year as documented in the report submitted. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS) 2009, Chronic Pain, Cyclobenzaprine (Flexeril) Page(s): 64.

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

Decision rationale: The request for Flexeril 10mg quantity 90 is non-certified. The injured worker has complaints of chronic low back pain, lumbosacral fusion L4 to S1 and muscle spasms in legs. The notes submitted for review indicate the injured worker has been on Flexeril for almost one year. There are no reports from physical therapy, diagnostic studies, home exercising. The California Medical Treatment Utilization Schedule recommends using Cyclobenzaprine as a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended. The report lacks documentation of pain relief, functional status, overall improvement with this medication. There is also no frequency for the request. Therefore, the request is not medically necessary and appropriate.