

Case Number:	CM14-0024088		
Date Assigned:	06/11/2014	Date of Injury:	08/09/2003
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
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, 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 female patient with the date of injury of August 9, 2003. A utilization review determination dated February 20, 2014 recommends modified certification of Flexeril 10mg #120 to Flexeril 10mg #30 for weaning. The previous reviewing physician recommended modified certification of Flexeril 10mg #120 to Flexeril 10mg #30 for weaning due to lack of documentation of spasms and recommendation that the medication be tapered and discontinued. A Supplemental Report dated February 11, 2014 identifies History of Present Illness that the patient states that the current therapeutic combination of spinal cord stimulation and therapeutic medications does provide her with pain relief and preservation of functional capacity. Pain is at least 6 on a scale of 0-10. Physical Examination identifies she does not appear to be impaired by the medications. Mood and affect shows anxiety. Decreased sensation bilateral lower extremities. Moderate tenderness of the lumbar paraspinal musculature bilaterally. ROM is limited in all planes by pain and guarding. ICD Codes identify failed back syndrome, lumbar; fibromyalgia/myositis; radiculopathy, L/S. Treatment Plan identifies refill on her therapeutic prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG #120: Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), 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 cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, the patient's current medications are noted to be providing pain relief and preservation of functional capacity. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The request for Flexeril 10 mg, 120 count, is not medically necessary or appropriate.