

Case Number:	CM14-0031280		
Date Assigned:	04/16/2014	Date of Injury:	03/24/2010
Decision Date:	05/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 Pain Management, has a subspecialty in Interventional Spine 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:

According to report dated 01/02/2014 by [REDACTED], the patient complains of upper and low back pain with radiculopathy. Patient is status post lumbar and cervical ESI which worked very well for her pain level. She notes a reduction from 07/10 to 02/10 following the injections. Examination of the cervical spine revealed no limitation on range of motion, paravertebral muscle hypertonicity, and tenderness is noted on both sides, absent pain, with cervical facet loading maneuvers. Examination of the lumbar spine revealed range of motion as restricted with normal flexion and extension on palpation, paravertebral muscle hypertonicity, and tenderness as noted on both sides. Heel and toe walk are normal. Lumbar facet loading is negative on both sides. Patient's medication includes ibuprofen 800 mg, Norco 10/325 mg, Lyrica 50 mg, Paxil 10 mg, and Flexeril 10 mg at bedtime as needed for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®, Amrix®, Fexmid, Generic Available Page(s): 64.

Decision rationale: This patient presents with continued upper and lower back pain. The treating physician is requesting a refill of Flexeril 10 mg #30. The MTUS guidelines, page 64, states "cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." In this case, medical records indicate that this patient has been prescribed Flexeril since 06/09/2011. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested refill of Flexeril is not medically necessary and appropriate.