

Case Number:	CM14-0033056		
Date Assigned:	05/05/2014	Date of Injury:	08/15/2011
Decision Date:	07/24/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational 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 3 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 34-year-old male patient with an 8/15/11 date of injury. The progress report dated 3/14/14, indicates persistent neck and low back pain, interfering with sleep. Physical exam demonstrates slight tenderness along the cervical paravertebrals, cervical tenderness and diminished range of motion, unremarkable upper extremity neurologic findings. Decreased sensation in the left L5-S1 dermatome is described. There is bilateral lower extremity motor weakness. The treatment to date has included physical therapy, chiropractic care, home exercise, lumbar ESI, medication, activity modification. flexeril was prescribed on 3/14/14, 2/13/14, 12/6/13, 11/1/13, 10/4/13 and, reportedly, for over a year. There is documentation of a previous 2/13/14 adverse determination due to prolonged use for over a year, lack of clinical information, and how much the patient was actually taking on a as need basis (PRN) basis.

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 Flexeril Page(s): 63.

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

Decision rationale: According to page 63 of the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. However, there is a lengthy trail of Flexeril prescriptions over at least a year, each with lack of subsequent assessment of the patient's response to Flexeril therapy and measures of efficacy. There is no discussion as to why chronic use would be indicated despite adverse recommendations. As the patient was prescribed Flexeril as needed (PRN), it remains unclear how much the patient was actually utilizing. Therefore, the request for Flexeril 10mg, #30 was not medically necessary.