

Case Number:	CM14-0040223		
Date Assigned:	06/27/2014	Date of Injury:	09/09/2011
Decision Date:	07/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 62-year-old male who sustained injury on 09/09/2011 when he slipped and fell getting out of the shower while on a business trip and sustained injury to his face, left shoulder, back, and fracture ribs and chipped teeth. The treatment history includes physical therapy, aquatic therapy, chiropractic treatment, massage therapy, acupuncture, cognitive behavioral therapy, and injections. Medication treatment includes Norco, Synovacin, Flexeril, Trazodone, Naproxen, Dendracin lotion, and Percocet. A progress report dated 03/14/2014 indicates the patient remains symptomatic with chronic neck and lower back pain. He does admit to slight exacerbations with persistent headaches, which radiates into the jaw line. He also reports occasional insomnia for which trazodone he used as needed. He also admits muscle spasms, which are slightly increased over the last month. Current medication includes Norco 10/325 mg, Trazodone as needed for insomnia, and Naproxen BID as needed. It was noted that patient has also used Flexeril in the past for acute muscle spasms. Pain scale was rated as 3-4/10 with medication and 6/10 without medication. The patient overall notes a 40-50% improvement in symptoms with medications and with current aquatic therapy. He was noted to have reduced pain with significant improvement in function including improved ability to participate in activities of daily living. On lumbar spine exam, there was tenderness to palpation over the mid-to-lower lumbar paraspinal musculature with 1 to 2+ muscles spasms, increased pain with lumbar extension and right rotation and mild tenderness with palpation over right SI joint. Lumbar ROM was flexion 60, extension 15, right lateral flexion 15, and left lateral flexion 15. Negative SLR/Faber. Muscle strength 5/5, sensation intact, and reflexes 2+ throughout bilateral lower extremities. An UR report dated 03/28/2014 indicates the request for Flexeril is non-certified because of chronic use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), pages 41-42 & Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), page 64 Page(s): 41-42, 64.

Decision rationale: This is a request for Flexeril for a 62-year-old male with chronic neck and back pain. According to California MTUS guidelines, muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. However, the patient is prescribed this medication on a chronic basis. There is no documentation of significant acute exacerbation. Medical necessity is not established.