

Case Number:	CM14-0042514		
Date Assigned:	06/20/2014	Date of Injury:	04/18/2007
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation 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:

The injured worker is a 53-year-old male with a reported date of injury on 04/18/2007. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of low back pain rated at 3/10. The EMG/NCV (Electromyography / Nerve Conduction Velocity) dated 06/08/2009 revealed mild lumbar radiculopathy, and nerve root irritation at left L4. The MRI of the lumbar spine dated 2007 revealed multilevel degenerative disc disease. The clinical documentation indicated the injured worker underwent multiple epidural steroid injections, the results of which were not provided within the documentation available for review. Upon physical examination, the injured worker's lumbar spine range of motion revealed flexion to 35 degrees, extension to 10 degrees, lateral left rotation to 20 degrees, and right lateral rotation to 10 degrees. The injured worker's diagnoses included post lumbar laminectomy syndrome, lumbar disc disorder, and degenerative disc disease, mood disorder, and muscle spasms. The injured worker's medication regimen included oxycodone and Flexeril. The request for authorization for Flexeril 10 mg #30 was not submitted. The rationale for the request was not within the clinical information provided for review.

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 Cyclobenzaprine (Flexeril).

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

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting the shorter courses may be better. Treatment should be brief. The clinical documentation provided for review indicates that the injured worker has utilized Flexeril prior to 04/10/2013. The therapeutic benefit of the long-term use of Flexeril was not documented within the clinical information provided for review. In addition, the guidelines recommend Flexeril as an option using a short course of therapy stating that the effect is greatest in the first 4 days of treatment. Therefore, the request for continued use of Flexeril exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Flexeril 10 mg #30 is not medically necessary and appropriate.