

Case Number:	CM14-0044619		
Date Assigned:	07/02/2014	Date of Injury:	10/19/2010
Decision Date:	09/12/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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, 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:

The patient is a 55-year-old male with an injury date of 10/19/2010. According to the 03/07/2014 progress report, the patient complains of neck pain and lower back pain which radiates down to his leg. The pain is described as being burning and aching in his head, neck, mid back, bilateral upper extremities, low back, and right lower extremities. He rates his pain as an 8/10 without medications and a 6/10 with medications. He also noticed that his neuropathic pain is getting worse and is making it difficult for him to sleep. There is mild tenderness over the cervical paraspinals and bilateral trapezius. There is also tenderness over the cervical facet joints, and patient's cervical spine range of motion is decreased. In regards to the lumbar spine, there is tenderness over the lumbar paraspinals and pain with lumbar flexion and extension. The patient's diagnoses include the following: 1. Hip pain, right. 2. Chronic pain syndrome. 3. Neck pain. 4. Lumbar radiculitis. 5. Degenerative disk disease, cervical. 6. Lumbar stenosis. 7. Lumbar degenerative disk disease. The utilization review determination being challenged is dated 03/27/2014. Treatment reports were provided from 10/17/2013 - 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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

Decision rationale: According to the 03/07/2014 progress report, the patient complains of neck pain and lower back pain. The request is for Flexeril 7.5 mg. The patient has been taking Flexeril since the earliest progress report provided which was on 10/17/2013 and takes it for his acute flare-ups of muscle spasms. According to the MTUS Guidelines, cyclobenzaprine are "not recommended to be use for longer than 2 to 3 weeks." The patient has been taking this medication on a long term basis which is not within MTUS Guidelines. Recommendation is for denial.