

Case Number:	CM14-0045642		
Date Assigned:	09/12/2014	Date of Injury:	06/19/2004
Decision Date:	11/19/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Medicine, and is licensed to practice in New Jersey & New York. 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 60 year-old male who injured his head, neck, low back, right arm, and left leg on 6/19/04. He complained of neck pain with numbness and tingling in bilateral upper extremities and low back pain with numbness and tingling in left lower extremity. On exam, he had tender cervical and lumbar spine, pain and spasms with range of motion. A cervical MRI showed disc desiccation through the spine, diffuse disc protrusion and grade I retrolisthesis of C3 over C4. A lumbar MRI showed disc dissection and diffuse disc protrusion. Electrodiagnostic testing showed sensory demyelinating polyperipheral neuropathy. He was diagnosed with cervical disc syndrome, lumbar disc syndrome, and bilateral upper and lower extremity radiculitis. He was treated with tramadol, muscle relaxants, and anti-inflammatories. He had physical therapy. The current request is for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of Cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The patient has been using it for an extended period of time for cervical and lumbar pain. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of Cyclobenzaprine with other agents is not recommended. The patient is also prescribed an opiate which can worsen the dizziness and drowsiness. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued chronic use is considered not medically necessary.