

Case Number:	CM14-0048800		
Date Assigned:	06/25/2014	Date of Injury:	12/27/2010
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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 North Carolina. 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 63-year-old with a reported date of injury of December 27, 2010. The patient has the diagnoses of chronic low back pain, lumbar degenerative disc disease, bilateral sciatica with lumbar radiculitis, chronic cervicalgia and cervical degenerative disc disease. The most recent progress notes from the primary treating physician notes the patient to have continued chronic neck and back pain with bilateral intermittent radicular symptoms of the lower extremities. Physical exam noted tenderness to palpation along the lower cervical spine and bilateral lower cervical paraspinal regions as well as the thoracic and lumbar spine and corresponding paraspinal regions. There was also noted decreased range of motion. The treatment plan consisted of continuation of the patient's current medications and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guideline makes the following recommendations concerning the use of muscle relaxants for chronic pain: Recommend non-sedating muscle relaxants with caution as a second-line treatment option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence, in regards specifically to Flexeril: The recommended for a short course of therapy is limited, mixed-evidence does not allow for a recommendation for chronic use. Based on the provided documentation, this patient has been using flexeril chronically and thus does not follow the recommend guideline use. The request is not medically necessary.