

Case Number:	CM14-0049444		
Date Assigned:	07/07/2014	Date of Injury:	02/16/2010
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/17/2014

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:

The patient is a 41-year-old male who has submitted a claim for chronic myofascial pain syndrome, chronic lumbar strain, lumbosacral radiculopathy, and lumbar facet syndrome, status post right knee arthroscopic surgery (08/23/2013); associated with an industrial injury date of 02/16/2010. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back and bilateral knee pain, and bilateral feet numbness. Physical examination showed increased spasms in the paraspinal muscles. Ankle reflexes were decreased. Sensation was decreased in the bilateral feet. Treatment to date has included medications, physical therapy, and surgery as stated above. Utilization review, dated 03/31/2014, denied the request for Flexeril because its use should be limited to no more than 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexaril 7.5 mg. # 90: 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, Muscle relaxants Page(s): 41, 63-66.

Decision rationale: As stated on page 41 of CA MTUS Chronic Pain Medical Treatment Guidelines, treatment using Cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In addition, page 63-66 states that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been prescribed muscle relaxants since at least February 2013. The medical records submitted for review do not show objective evidence of functional benefits from chronic use of muscle relaxants. Furthermore, long-term use of muscle relaxants is not recommended. Therefore, the request for Flexeril 7.5 MG, #90 is not medically necessary.