

Case Number:	CM14-0054594		
Date Assigned:	08/27/2014	Date of Injury:	03/14/2003
Decision Date:	10/15/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 53 year old male with complaints of low back pain and lower extremity pain. The date of injury is 3/14/03 and the mechanism of injury is repetitive motion injury (bending and stooping while performing job duties) leading to his current symptoms. At the time of request for flexeril 7.5mg#90, there is subjective (low back pain, leg pain) and objective (restricted range of motion lumbar spine with muscle spasm upon movement) findings, imaging findings/other diagnostics (lumbar discography L3/4,L4/5,L5/S1 disc displacements with positive symptomatic discogenic pain @ L3/4,L4/5,L5/S1), diagnoses (lumbar disc syndrome, lumbar spondylosis, lumbar radiculitis) and treatment to date (medications, home exercise). Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 7.5MG count #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Unfortunately, the documentation supplied does not support the requested treatment. Therefore, this drug is not medically necessary.