MAXIMUS Federal Services

Case Number:	CM14-0059788		
Date Assigned:	07/09/2014	Date of Injury:	09/04/2013
Decision Date:	08/25/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/30/2014

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 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:

This is a 62-year-old female who reported an injury on 9/4/13. There was a request made on 3/4/14 for authorization of Flexeril10mg #90. However, there was no subjective documentation made regarding the reported continuation of lower back pain radiating into the lower extremities. There was also no documentation regarding the reported numbness and or weakness, nor was there documentation regarding the pain on the right side radiating into the right hip. She also reported radiating pain into the bilateral groin regions. Objectively reports of spasm, tenderness, and guarding were noted in the paravertebral musculature of the lumbar and thoracic spine with decreased range of motion in flexion and extension. In addition to this, a decrease in sensation was noted over the L4 and L5 dermatomes bilaterally. She ambulates with a significantly antalgic gait. Current diagnoses include lumbosacral radiculopathy, cervical radiculopathy, thoracic spine spasming and burning, as well as neuropathic pain. Treatment to date includes ongoing use of Flexeril. There is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Flexeril; and intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculopathy, cervical radiculopathy, thoracic spine spasmin/ burning, and or neuropathic pain. At this time, there is documentation of ongoing use of Flexeril. However, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Flexeril. Furthermore, given documentation of ongoing use of Flexeril, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg #60 is not medically necessary.