

Case Number:	CM14-0064090		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2013
Decision Date:	09/16/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/06/2014

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 44-year-old male who has submitted a claim for dizziness, headaches and neck pain associated from an industrial injury date of March 9, 2013. Medical records from 2013-2014 were reviewed and showed that patient complained of dizziness, difficulty with change of positions and difficulty with walking. The patient also complains of intermittent neck pain. Patient also complains of significant pain in his left chest wall. Physical examination demonstrated dizziness and mild disorientation in special arrangements and decreased cervical range of motion with severe spasm and pain. Disorientation with cervical range of motion is also noted. Lumbar range of motion grossly normal, however, patient notes difficulty to bend because of dizziness. Patient has a shuffling gait. Treatment to date has included physical therapy and oral analgesics including opioid medications and muscle relaxants. Utilization review, dated April 10, 2014, denied the request for Flexeril 7.5mg #120 because it is not recommended for chronic use. The same review modified the request for Narcosoft because with discontinuation of Flexeril, its use was no longer necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. 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 this case, the patient has been prescribed Cyclobenzaprine (Flexeril) since at least June 2013. Long-term use of Flexeril is not recommended. Therefore, the request for Prospective request for 1 prescription of Flexeril 7.5mg #120 is not medically necessary.

Narcosoft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Narcosoft.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the US Food and Drug Administration was used instead. FDA describes Narcosoft Oral as a stool softener. The patient has been taking Narcosoft to treat constipation brought about by taking Cyclobenzaprine (Flexeril), a muscle relaxant, since at least June 2013. However, chronic use of Flexeril for this patient has been denied. Therefore, the request for Narcosoft is not medically necessary.