

Case Number:	CM14-0074827		
Date Assigned:	07/16/2014	Date of Injury:	10/18/2001
Decision Date:	08/27/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 69-year-old female who reported an unspecified mechanism of injury on 10/18/2001. The injured worker had a history of left shoulder and lower back pain with a diagnosis of sprain/strain to the lumbar region and sciatica. Diagnostics was not provided within the documentation. The past treatments included physical therapy, foot brace, and use of a wheelchair and walker at home. The objective findings dated 06/23/2014 revealed normal muscle tone of the upper extremities, tenderness to palpation at the left ankle, antalgic gait, and ambulation with the assistance of a walker. The medications included Tegaderm, Lidocaine 5%, Fentanyl 25mcg patch, Protonix 20mg, Hydrocodone twice a day, Motrin 800mg, Topamax 25mg, Norflex ER 100mg, Lorazepam 1mg and Lidoderm patches. The injured worker reported a 7/10 on a VAS pain scale with medications and an overall improvement of 80% of pain. The plan treatment included continuous conservative treatments, weight bearing exercises, and continued to monitor for recovery from surgery. The authorization dated 07/16/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), pages 41-42 Page(s): 41-42.

Decision rationale: The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as a short course of therapy. Cyclobenzaprine (Flexeril) is an option for skeletal muscle relaxant and central nervous system. It is more effective than placebo in the management of back pain. The effect is greatest in the first 4 days of treatment and treatment should be brief. There is a lack of clinical information provided indicating how long the injured worker has used Cyclobenzaprine. The clinical note indicated that the injured worker had disposed of a bottle of pain medication that had been prescribed post-op. There is no complain with her medication regimen. As such, the request for Cyclobenzaprine (Flexeril) 7.5mg #90 is not medically necessary.