

Case Number:	CM14-0076288		
Date Assigned:	07/18/2014	Date of Injury:	01/03/2002
Decision Date:	08/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/26/2014

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 Management 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:

According to the records made available for review, this is a 68-year-old female with a 1/3/02 date of injury. At the time (5/5/14) of request for authorization for Flexeril 10mg #90, there is documentation of subjective (chronic severe low back pain) and objective (bilateral lumbar tenderness to palpation and decreased lumbar range of motion) findings, current diagnoses (low back pain, lumbar degenerative disc disease, myofascial pain, and sciatica), and treatment to date (ongoing therapy with Flexeril, Norco, and Tramadol since at least 12/16/13 with decreased in pain levels and increase in activities of daily living). There is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions 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 for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar degenerative disc disease, myofascial pain, and sciatica. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Flexeril resulting in decreased pain levels and increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Flexeril. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Flexeril since at least 12/16/13, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #90 is not medically necessary.