MAXIMUS Federal Services

Case Number:	CM14-0078643		
Date Assigned:	07/18/2014	Date of Injury:	05/23/2011
Decision Date:	09/24/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/29/2014

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:

This is a 48-year-old woman injured her back and left knee on 5/20/11 with a mechanism of cumulative trauma. A pain management report dated 04/07/2014 indicates that the patient presents for reevaluation with no significant changes in her symptoms since her last visit. There is constant moderate to severe pain in the right lower limb, intermittent pain in low back and occasional sharp pain in the activity exacerbates pain. Lying supine with the legs up somewhat alleviates the pain. Medications reportedly give her enough relief so that she "does not go insane". They allow her to do some activities of daily living and make meals. Examination showed diffuse tenderness in the back, reduced range of motion with pain on endpoints. There are some reduced reflexes and she walks with a limp. Pain without medication is 10/10, with medication 7/10. There is no mention of any particular specific benefit derived from use of Flexeril. She is using it at night for "muscle spasms". The 11/27/13 report mentioned use of Flexeril 10 mg 1 at bedtime as did other reports in the interval through 4/7/14. Note is made also that patient continued to be prescribed Flexeril for the next couple of months after 4/7/14, according to reports. Medications at the time of this request were Oxycodone, Nortriptyline, Flexeril, Butrans and Baclofen. Baclofen is also a muscle relaxant which is being prescribed twice a day for muscle spasm and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

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

Decision rationale: Flexeril is a sedating muscle relaxant also known as cyclobenzaprine and the MTUS guidelines specifically only recommends this medication for a short course of therapy. Guidelines state that evidence does not allow for a recommendation for chronic use. The greatest effect is said to be within the 1st 4 days of treatment. Use longer than 2-3 weeks is not supported. The medical records clearly document the use of this medication is chronic. Furthermore, there does not appear too been any objective functional benefit from the chronic use. There is no other rationale support chronic use either. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.