

Case Number:	CM14-0084412		
Date Assigned:	07/21/2014	Date of Injury:	11/03/2011
Decision Date:	10/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 43 year old female who sustained an industrial injury on 11/30/2011, to the right foot. She followed for ongoing complaints of neck and back pain. The 4/2/2012 PR-2 indicates the patient presents for follow-up regarding her neck and back pain, which she rates 8/10. She states pain is increased since her last visit. She also complains of persistent headaches that are unchanged. She reports taking Tramadol ER once per night, Prilosec once per day, Flexeril 1-2 per day for spasm, and utilizes Lidopro cream. She states medications help decrease her pain by 30-50%. Objective findings reveals tenderness to palpation of the lumbar facet region bilaterally with associated paraspinal spasm, limited extension due to pain, 5-/5 motor strength bilaterally, and positive SLR on right at 80 degrees to her foot, and negative on the left. Diagnoses are lumbar facet herniation at L5-S1, facet arthropathy of lumbar spine, and SI joint dysfunction. She was prescribed tramadol ER 150mg #30, Flexeril 7.5mg #30, prilosec 20mg #60, and lidopro cream. Follow-up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30 DOS: 04/02/2014: 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): 41,64.

Decision rationale: According to the CA MTUS guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. There is no objective evidence of an acute exacerbation. Furthermore, the medical records indicate chronic use of the muscle relaxant, without benefit. The chronic use of muscle relaxants is not recommended. This medication is not recommended to be used for longer than 2-3 weeks. The medical necessity of Flexeril is not established. Therefore the request is not medically necessary.