

Case Number:	CM14-0088010		
Date Assigned:	07/23/2014	Date of Injury:	02/29/2012
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/11/2014

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 and Rehabilitation 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 56-year-old female with a 2/29/12 date of injury. At the time (5/1/14) of the request for authorization for Flexeril 10mg #60, there is documentation of subjective (continued low back pain) and objective (tenderness to left lower lumbar spine) findings, current diagnoses (L3 through S1 lumbar spondylosis, disc disease and left-sided facet syndrome; left ischial bursitis with low grade partial thickness tear of the hamstring; left greater trochanteric bursitis; status post C6-C7 fusion with left upper extremity radicular symptoms, chronic pain, and shoulder injury), and treatment to date (medication including Flexeril for at least 3 months). There is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Flexeril; and intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

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

Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. 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 as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic pain other, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, and osteoarthritis. In addition, there is documentation of treatment with Flexeril for at least 3 months. However, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, there is no documentation 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 with use of Flexeril. Furthermore, given documentation of treatment with Flexeril for at least 3 months, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #60 is not medically necessary.