

Case Number:	CM14-0097215		
Date Assigned:	07/28/2014	Date of Injury:	08/11/1997
Decision Date:	09/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 70 year old female with date of injury 8/11/1997. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain since the date of injury. She has been treated with physical therapy and medications. MRI of the lumbar spine dated 08/2003 revealed anterolisthesis at L4-L5 and degenerative disc disease at L5-S1. Objective: decreased and painful range of motion of the lumbar spine. Diagnoses: lumbar spine HNP without myelopathy, lumbar spine radiculopathy. Treatment plan and request: Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 7.5mg QTY 60: Upheld

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

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

Decision rationale: This 70 year old female has complained of lower back pain since date of injury 8/11/1997. She has been treated with physical therapy and medications to include Flexeril since at least 09/2013. The current request is for Flexeril. Per the MTUS guideline cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should be

used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. There is no evidence that cyclobenzaprine is being prescribed according to the MTUS guidelines cited above and as such is not indicated as medically necessary in this patient.