

Case Number:	CM14-0190253		
Date Assigned:	11/21/2014	Date of Injury:	02/10/1998
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 58 year old man with a date of injury of 2/10/98. He was seen by his primary treating physician on 10/21/14 with complaints of neck and low back pain. His current medications were Motrin, omeprazole and Excedrin. His exam showed tenderness in the upper trapezius and limited cervical range of motion in all fields. His lumbar spine exam showed moderate tenderness in the paraspinal muscles and decreased range of motion in forward flexion and extension. Reflexes were 2+ and he had 5/5 strength with a negative straight leg raise and antalgic gait. His diagnostic impression was neck pain, history of three level fusion in 2010 and one level fusion in 2013, chronic low back pain with radicular symptoms, chronic pain syndrome, cervical post laminectomy syndrome and disocgenic low back pain. At issue in this review is the new prescription for Flexeril for spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1998. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and NSAIDs. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/21/14 fails to document any discussion of goals for efficacy, functional status or a discussion of side effects to justify use. There is also no spasm documented on physical exam. The medical necessity of cyclobenzaprine is not substantiated in the records.