

Case Number:	CM14-0191457		
Date Assigned:	11/25/2014	Date of Injury:	08/09/1999
Decision Date:	01/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 North Carolina and 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 patient is a 64-year-old male who sustained a work related injury on August 9, 1999 due to him falling and injuring his lower back. The patient continues to remain symptomatic with low back pain radiating to the lower extremities with a diagnosis of lumbar stenosis. There is no documentation of surgical interventions, recent radiological reports or past treatments received. An examination of the lumbar spine on October 1, 2014 noted slight tenderness at the lumbar paravertebral musculature, forward flexion 45 degrees, extension 10 degrees and lateral bending 30 degrees with negative sitting straight leg raises bilaterally. There is no documentation of acute exacerbation or spasms noted. The injured worker remains on long term medications of Hydrocodone, Voltaren and Flexeril which according to the patient allows him to perform activities of daily living with less pain. Work status of the injured worker was not noted. The treating physician has requested Flexeril 10mg #30 with two refills. On November 4, 2014 the Utilization Review denied authorization of the prescription for Flexeril 10mg #30 with two refills. The citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines for muscle relaxants used for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: Per the CA-MTUS guidelines, antispasmodics, such as Flexeril, are used to decrease muscle spasm. It is recommended for a short course of therapy. It is dosed at 5 mg three times a day, and can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks. He is currently prescribed 10 mg once per day. 90 days' use of Cyclobenzaprine is not medically necessary, per the MTUS chronic pain guidelines. The request is not medically necessary.