

Case Number:	CM14-0195574		
Date Assigned:	12/03/2014	Date of Injury:	04/25/2013
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in Interventional Spine, 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:

The patient is a 35 year old male with an injury date of 04/25/13. Based on the 10/13/14 progress report provided by treating physician, the patient complains of back, neck and right shoulder pain rated 4/10 with and 5/10 without medications. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinals on the right, with increased pain on flexion and extension. Straight leg raise test positive on the right. Examination of the cervical spine revealed tenderness over the paraspinal on the right, and the facet joints from C2 to C5 on the right. Patient's medications include Ultracet, Flexeril, Vibramycin, Deconsal II, Phenergan and Albuterol. Flexeril has been prescribed in progress reports dated 05/14/14 and 10/13/14. In prescribing Flexeril, treater has quoted guidelines without providing discussion. Patient is working full duty. Diagnosis 10/13/14- low back pain- possible lumbar radiculitis- lumbar discogenic pain- lumbar facet pain- lumbar stenosis- right shoulder pain- cervical discogenic pain- cervical stenosis- bilateral carpal tunnel syndrome- cervical facet pain- rotator cuff injury- biceps tendinosis- chronic pain syndrome- myofascial pain- lightheadedness- nauseousness The utilization review determination being challenged is dated 11/19/14. Treatment reports were provided from 05/30/14 to 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg QTY#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with back, neck and right shoulder pain rated 4/10 with and 5/10 without medications. The request is for FLEXERIL 7.5MG QTY #60. Patient's diagnosis on 10/13/14 included chronic pain syndrome, lumbar and cervical discogenic and facet pain, and rotator cuff injury. Patient's medications include Ultracet, Flexeril, Vibramycin, Deconsal II, Phenergan and Albuterol. Flexeril was prescribed in progress reports dated 05/14/14 and 10/13/14. Patient is working full duty. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater has not provided reason for the request. In prescribing Flexeril, treater has quoted guidelines without providing discussion. Patient has been prescribed Flexeril since progress report dated 05/14/14, which is more than 6 months from UR date of 11/19/14. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Furthermore, the request for quantity 60 does not indicate intended short-term use. Therefore the request IS NOT medically necessary.