

Case Number:	CM14-0195814		
Date Assigned:	12/03/2014	Date of Injury:	05/24/2007
Decision Date:	01/21/2015	UR Denial Date:	10/24/2014
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 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:

The patient is a 42 year old male with date of injury 05/24/07. The treating physician report dated 02/12/14 (32) indicates that the patient presents with pain affecting his legs and back. The physical examination findings reveal that the patient can walk without a cane periodically, has well healed scars from past surgeries, range of motion is full flexion but is associated with a mild increase of pain, extension is 30 degrees with an increase of pain, and lateral flexion is 20 degrees with an increase of pain. Prior treatment history includes lumbar fusion at L4-5 and L5-S1, an AME evaluation, aqua therapy, psychotherapy, implantation of dorsal column stimulator, walker, H-Wave Unit, had a home safety evaluation, and medication. The patient states that medication reduces the pain about 40%. The patient was declared permanent and stationary. MRI findings reveal status post posterior decompression with anterior and posterior fusion L4-5 L5-S1 and stable alignment and distraction. The current diagnoses are: 1. Status post anterior-posterior L4-5, L5-S1 fusion, decompression, and instrumentation, 2. Chronic Pain Syndrome3. Chronic Lumbar Radiculopathy. The utilization review report dated 10/24/14 denied the request for Flexeril 10mg # 60 based on exceeding recommended timeline per guidelines.

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.

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

Decision rationale: The patient presents with pain affecting his legs and back. The current request is for Flexeril 10mg # 60. The treating physician's 04/17/14 report (126) states, "He notes some sedation with Flexeril." The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case the treating physician has documented that the patient has previously used Flexeril but did not state for how long or if there was any improvement. MTUS guidelines do not recommend this medication for long term usage. Recommendation is for denial as this request is not medically necessary.