

Case Number:	CM14-0196755		
Date Assigned:	12/04/2014	Date of Injury:	06/06/2006
Decision Date:	01/22/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 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:

This is a 55-year-old gentleman with a date of injury of 6/06/06. The mechanism of injury is not disclosed in the submitted reports. The patient is currently under the care of a PM&R/Pain specialist for diagnoses of chronic back pain, lumbar facet arthropathy, muscle spasm and chronic pain. Submitted reports for review only go as far as 3/13/14. It appears that at that time, the patient was using Naproxyn and Flexeril. The patient was seeing an addiction specialist for Buprenorphine. The most recent report is on 6/19/14. The patient continues to have muscle spasm and reduced Range of Motion. Exam shows areas of muscular hypertonicity. Continued use of Flexeril 7.5 mg bid prn muscle spasm was recommended. This was submitted to Utilization Review for both Naproxyn and Flexeril on 11/18/14. The Naproxyn was certified in entirety. Rather than 60 pills requested for Flexeril, the advisor recommended only 20. The rationale was that guidelines did not recommend long-term use of Flexeril. 20 were certified for the purpose of initiating downward titration leading to complete discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: Guidelines do support use of muscle relaxants as a second-line agent for pain, however, only recommend short-term use, noting that there is limited mixed evidence for chronic use. Guidelines do not recommend use of this drug for more than 2-3 weeks. In this case, medication has been used for greater than the guideline recommended duration of 2 to 3 weeks. The medication was reviewed in Utilization Review, and recommendations were made for a modified amount of 20 to allow for downward titration. This was appropriate. There is no medical necessity for Flexeril 7.5 mg #60.