

Case Number:	CM13-0048861		
Date Assigned:	12/27/2013	Date of Injury:	10/31/2007
Decision Date:	06/17/2014	UR Denial Date:	10/20/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, 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 Physician 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 42-year-old male who has reported neck and low back pain, and mental illness, after an injury on 10/31/07. His diagnosis has been that of cervicgia and lumbar disk disease. He had a lumbar fusion, followed by an infection. He has been treated with a variety of medications, including opioids, hypnotics, and psychiatric medications. He failed a urine drug screen in 2012, as no opioids were detected. There was no good explanation from the injured worker. He was placed on Suboxone as a result, to help "get him off his opioids". In 2013 his usual opioids were restarted. Baclofen was prescribed in June 2013. Baclofen was ongoing as of 9/12/13. As of 10/3/13 baclofen was stated to be "too strong" and Flexeril was prescribed to be used at night. There was no specific physical exam of the spine, no finding of spasm, and no discussion of any flare in low back symptoms. Other medications included Norco, Restoril, Colace, Lexapro. Subsequent reports refer to "inconsistent drug screens" and ongoing use of Flexeril. There is no discussion of the specific results of using Flexeril. On 10/20/13, Utilization Review non-certified Flexeril, noting the lack of spasm and the MTUS recommendations and indications. This Utilization Review decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FLEXERIL 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), muscle relaxants Page(s): 41, 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic LBP. The muscle relaxant prescribed in this case is sedating. This patient has chronic pain with no evidence of prescribing for flare-ups. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Flexeril, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. When Flexeril was prescribed to this injured worker, there was no specific physical examination and no evidence of spasm. There was no discussion of a time limited course of treatment, and treatment is subsequently chronic. The request to Independent Medical Review is for an unspecified quantity and duration of Flexeril. Prescriptions for muscle relaxants, per the MTUS, should be for short term use only. Flexeril is not medically necessary based on lack of a time-limited prescription, lack of evidence for short-term use, and the MTUS recommendations.