

Case Number:	CM14-0116617		
Date Assigned:	08/04/2014	Date of Injury:	08/05/2011
Decision Date:	09/30/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 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:

Patient is a 39-year-old male who has submitted a claim for lumbar radiculopathy, myofascial pain syndrome, neck pain, headache, major depression, and anxiety disorder associated with an industrial injury date of 8/5/2011. A Psychological Agreed Medical Examination from 6/6/2013 was the only report available for review. Patient complained of neck pain and low back pain. Aggravating factors included pushing, pulling, prolonged sitting and standing. Patient likewise experienced sadness, irritability, and depression secondary to pain. Mental status examination showed that he was alert and oriented. He was clearly depressed, and readily cried. He was apprehensive but did not present with signs of a thought disorder. There was no musculoskeletal examination presented for review. Treatment to date has included hot/cold modality, chiropractic care, use of a lumbar pillow, physical therapy, and medications such as Norco, Flexeril, Prilosec, Cymbalta, and Flector patches. Utilization review from 7/10/2014 denied the request for Flexeril 10mg because long-term use was not recommended and there was no evidence of flare up of symptoms to warrant such medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Cyclobenzaprine (Flexeril).

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

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the initial date of Flexeril prescription was undetermined due to sparse records for review. There was no evidence of muscle spasm. Moreover, the only report available was from 6/6/2013; hence, the current clinical and functional status of the patient was unknown. The medical necessity cannot be established due to insufficient information. Moreover, the quantity to be dispensed was not specified. Therefore, the request for Flexeril 10 mg is not medically necessary.