

Case Number:	CM14-0119780		
Date Assigned:	08/06/2014	Date of Injury:	10/21/2005
Decision Date:	10/14/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/30/2014

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 and Rehabilitation and is licensed to practice in New York. 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 injured worker is a 63 year old male presenting with a history of a work related accident that occurred on May 29, 2003. He injured his lower back and developed persistent low back pain since that time. His symptoms did not respond to conservative treatment, and he underwent a lumbar fusion on February 5, 2014. He continues to use Flexeril (cyclobenzaprine) for an extended period of time, and his treating physician is requesting a refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril ER 15mg, quantity 15 for 3-6 months as prescribed on 7/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril),, Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Cyclobenzaprine

Decision rationale: The Medical Treatment Utilization Schedule guidelines state that Flexeril is recommended only as a short course of therapy, and that treatment should be brief. However, the injured worker in this case has been taking Flexeril for a prolonged period of time. In addition, the Official Disability Guidelines state that Flexeril is recommended as an option, using a short

course of therapy. The Official Disability Guidelines further state that the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This injured worker instead has been using Flexeril for a prolonged period of time that has not been brief. Therefore, this request is not medically necessary.