

Case Number:	CM14-0165776		
Date Assigned:	10/10/2014	Date of Injury:	05/06/1994
Decision Date:	11/12/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 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:

According to the provided documents this is a 66-year-old man injured on 5/6/94. Mechanism of injury is not mentioned in the documents provided. There is a 9/30/14 report that indicates that the patient has had increasing low back pain for the last several days. This radiates to the infra-scapular area and there is also stiffness of the base of the neck. The report said that the medications being prescribed were Flexeril 10 mg #91 tablet 3 times daily for muscle spasm refill as needed up to 1 year; tramadol 50 mg #61 tablet 4-6 hours for pain refill as needed up to one year and Mobic 15 mg #30, 1 tablet daily with a full meal, refill as needed up to 1 year. Objective findings do not include an actual physical exam but discussed that the patient tolerates tramadol and Flexeril and that he needs meloxicam to ward off pain not relieved by tramadol. Meloxicam was described as a new medication. Diagnosis was lumbar spinal injury and lumbar vertebra H&P/displacement. There is also a 6/30/14 report that indicated that subjectively patient was doing "so-so" in regard to the low back and that he was tolerating tramadol and Flexeril. That medication list indicates that Flexeril was prescribed on 9/30/13 with refill as needed up to one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Muscle relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: Flexeril is a sedating muscle relaxant also known as cyclobenzaprine. MTUS guidelines specifically only recommend this medication for a short course of therapy. Guidelines state that evidence does not allow for a recommendation for chronic use. The greatest effect is said to be within the 1st 4 days of treatment. Use longer than 2-3 weeks is not supported. The medical records clearly document that the use of this medication is chronic. Furthermore there is no documentation of any objective functional benefit from the chronic use. There is no other rationale to support chronic use either. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.