

Case Number:	CM14-0168018		
Date Assigned:	11/12/2014	Date of Injury:	03/01/2002
Decision Date:	12/15/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Interventional spine 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:

The patient is a 46 year old male with an injury date on 03/01/2002. Based on the 08/26/2014 progress report provided by [REDACTED] the diagnosis is: 1. Displacement of lumbar intervertebral disc without myelopathy. According to this report, the patient complains of persistent back pain with "repeated episodes of 'twitching' and pain in his leg which feel like 'electric shocks.' There are no changes in his exam findings." The 07/07/2014 report indicated "neck: supple without LAN or thyromegaly, back: lumbar spasm and tenderness, and extremities: left calf atrophy. "There were no other significant findings noted on this report. The utilization review denied the request on 09/10/2014. [REDACTED] is the requesting provider and he provided treatment reports from 03/11/2014 to 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64, 63.

Decision rationale: According to the 08/26/2014 report by [REDACTED] this patient presents with persistent back pain with repeated episodes of "twitching" and pain in his leg which feel like "electric shocks." The treater is requesting Flexeril 10 mg. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicates this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treater is requesting Flexeril and this medication were first noted in the 06/26/2014 report. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, the request is not medically necessary.