

Case Number:	CM14-0185679		
Date Assigned:	11/12/2014	Date of Injury:	06/03/2013
Decision Date:	12/18/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	11/04/2014

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:

Injured worker (IW) is a 47 year old male who is status post (s/p) lumbar fusion in 2010. Other treatment has included medications, physical therapy/chiropractic treatments, work restrictions, and injections. 01/24/14 QME re-evaluation report documented complaints of neck, right shoulder, and low back pain, sleep disturbance, gastroesophageal reflux disease (GERD) symptoms, and constipation. Current medications included hydrocodone, gabapentin, naproxen, and cyclobenzaprine. IW had not worked since July 2013. Muscle guarding was noted, but no muscle spasm was documented. Future medical care recommendations did not mention use of muscle relaxants. 09/03/14 neurosurgery consultation note documented complaints of worsening lumbosacral, neck, and thoracic back pain. IW reported some relief from medications. Current medications included hydrocodone, Soma, gabapentin, and omeprazole. No evidence of muscle spasm was documented on physical exam. Examiner recommended switching from Soma to cyclobenzaprine, as well as a functional restoration program to wean from narcotics and restore function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 milligrams, 3 times per day orally as needed, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41 OF 127.

Decision rationale: MTUS recommends cyclobenzaprine for short-term use only, and notes that effect is greatest in the first 4 days of treatment. MTUS does not recommend chronic use of muscle relaxants. No complaints of muscle spasm or objective evidence of muscle spasm per physical exam are documented in this case. Medical necessity is not established for the requested 30 day supply of Cyclobenzaprine.