

Case Number:	CM14-0113063		
Date Assigned:	08/01/2014	Date of Injury:	12/27/2010
Decision Date:	06/25/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old man sustained an industrial injury on 12/27/2010. The mechanism of injury is not detailed. Diagnoses include chronic low back pain, lumbar degenerative disc disease, bilateral sciatic symptoms rule out lumbosacral radiculitis, chronic cervicgia, and cervical degenerative disc disease. Treatment has included oral medications. Physician notes dated 7/6/2014 show complaints of chronic neck and back pain with intermittent radicular symptoms to the bilateral lower extremities and spasms rated 6-7/10 without medications and 3-4/10 with medications. Recommendations include continue current medication regimen including Tramadol, Flexeril, Naprosyn, and Prilosec, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for 2 years - exceeding the amount recommended by the guidelines. Continued and chronic use is not medically necessary.