

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 7/16/2010
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0012687

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator)
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

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

The client is a 54 year old female presenting with pain in the low back, neck, knees, right shoulder, bilateral upper arms and wrists following cumulative trauma on 7/16/2010. The client has tried physical therapy and medications. The client has a history of esophagitis and cannot take NSAIDS. The enrollee is taking Percocet, Voltaren gel and Flexeril which relieves the pain temporarily. MRI of the right knee show osteoarthritic changes. X-rays of the shoulder shows degenerative changes and EMG/NCV was significant for subacute left S1 radiculopathy. The client has requested a renewal of Flexeril 5mg.

IMR DECISION(S) AND RATIONALE(S)

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

1. Flexeril 5mg QTY: 15 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Flexeril (Cyclobenzaprine), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, page 41, which is part of the MTUS and Chou, Roger et al. Medication for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guidelines *Annals of Internal Medicine*, 2007; 147(7):505-514; Van Tulder, Maurits W. Muscle Relaxants for Non-specific Low Back Pain *The Cochrane Library*, 2007; Issue 4, which are not part of the MTUS.

The Physician Reviewer's decision rationale:

Flexeril is the name brand for Cyclobenzaprine. Flexeril is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of Flexeril in chronic pain management. The CA MTUS note that Cyclobenzaprine is recommended as an option as a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Additionally, the guidelines state the addition of cyclobenzaprine to other agents is not recommended. A review of the medical records indicates that Flexeril was prescribed for long term use and in combination with other medications. **The request for Flexeril 5mg QTY: 15 is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0012687