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| Case Number: | CM13-0025635 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 03/01/2013 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

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 and Pain Medicine and is licensed to practice in Florida. 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. 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 51 year old male who reported an injury on 03/01/2013. The mechanism of injury was lifting. Initial conservative care included x-rays, one unspecified pain control injection, and oral medications. The patient continued to work and in June of 2013 the patient sought further treatment due to consistent low back pain that radiated to the right lower extremity. At this time, the patient was found to have decreased lumbar range of motion, positive straight leg raise (side not specified), and minimal decreased motor strength in the L5 and S1 dermatomes; sensation was not assessed at this time. He was then prescribed physical therapy, oral medications, MRI, lumbar support brace, and a baseline urine drug screen. On a follow-up appointment dated 08/26/2013, the patient is noted to have not received any physical therapy and had not yet been approved to obtain MRI. On this visit, it is also noted that the patient had a positive right straight leg raise, decreased sensation in the L5 and S1 dermatomes, and a further decrease in lumbar range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (cyclobenzaprine) 10mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line treatment for acute exacerbations of chronic low back pain once conservative measures have failed. The guidelines also state that they show no additional benefit over the use of nonsteroidal anti-inflammatory drugs, and Flexeril, in particular, should not be used for greater than 2-3 weeks. There is no objective documentation provided for review indicating that the patient received and then failed conservative treatment, notably physical therapy. As such, there is no indication to initiate a second line treatment modality. Therefore, the request for Flexeril 10mg #80 is not medically necessary.