

Case Number:	CM13-0034077		
Date Assigned:	06/06/2014	Date of Injury:	10/25/2004
Decision Date:	07/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 injured worker is a 52 year-old male sustained an injury on 10/25/2004. The mechanism of injury is not listed. There are ongoing complaints of low back and radicular pain. At the most recent office visit dated 9/24/2013, the injured worker complained of frequent, throbbing pain and numbness with a pain score of 6/10, which was aggravated by cold, activity and massage. Lumbar spine exam revealed tenderness to palpation to the SI joints and sacrum with bilateral paraspinal muscle spasm; lumbar spine range of motion: flexion 90, hyperextension 15, right lateral bending 15, left lateral bending 15. Positive straight leg raise bilaterally. Gait described as antalgic. DTRs 2+ and symmetrical in the upper and lower extremities; no clonus. No imaging studies available for review. Diagnoses: Lumbar spinal stenosis, failed back surgery syndrome, lumbar radiculopathy and disk herniation. Current treatment has included home exercise program, moist heat, stretches and the following medications: Therabenzaprine 60/10 MG, Naprosyn 500 mg, Norco 5/325 mg. A failed back surgery syndrome diagnosis has been mentioned in the progress notes; however, no operative report or imaging studies are available to confirm this. A request has been made for Flexeril 10 mg. The nonmedical necessity, dated 10/2/2013, appears to be based on Flexeril's short-term treatment indications.

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, Amrix, Fexmid, Generic Available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009) MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) guidelines support non-sedating muscle relaxant (Flexeril) with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most back pain cases, most relaxers has shown no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Given the date of injury, the injured worker's clinical presentation and current medications (Naproxen), the request is not considered medically necessary.