

Case Number:	CM13-0043442		
Date Assigned:	12/27/2013	Date of Injury:	08/19/2010
Decision Date:	05/22/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/23/2013

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 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:

Patient is has submitted a claim for Sprain of Lumbar Region (ICD 847.2) from an associated industrial injury on August 19, 2010 . Treatment to date has included use of lumbar brace, acupuncture sessions, myofascial release and pain medications. Diagnostic work up to date include (1) MRI of lumbar spine without contrast dated December 03 2010 showing central protrusion L5-S1, annular fissuring and disc dehydration change L4-L5; (2) MRI of right hip without contrast with an impression of hip synovitis and joint effusion. Utilization review dated October 1, 2013 did not certify the request for Flexeril 10 mg on tablet #60. Patient is complaining of low back pain, right hip pain with radiation to right groin area graded 9-10/10 decreased to 8/10 by pain medications. Upon recent examination paralumbar muscles showed slight to moderate spasm, range of motion at the hip area was limited, SLR test was positive on the right. Patient has been taking Neurontin 300mg, MS Contin, Norco, Prcocet, Ibuprofen for pain and inflammation. Elavil for depression and Flexeril for muscle spasm. Patient claims that medications no longer help as much as before. The earliest record of the use of Flexeril is on progress note dated August 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg on tablet BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 41.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 41 recommends Cyclobenzaprine (Flexeril®) only as an option, and using a short course of therapy. Its effect on back pain is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The addition of cyclobenzaprine to other agents is not recommended. Patient has been using it since August 2013 based on available records but there was no report of improvements or of its benefit to the patient. Since its effect is greatest in the first 4 days more likely its extended use would not benefit the patient; long term use is not supported. Therefore, the request for Flexeril is not medically necessary.