

Case Number:	CM13-0054676		
Date Assigned:	12/30/2013	Date of Injury:	06/15/2011
Decision Date:	03/04/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation, 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 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:

This 44-year-old sustained an injury on 6/15/11 while employed by the [REDACTED]. Request under consideration include Flexeril (cyclobenzaprine) 7.5 mg. Report of 9/18/13 from [REDACTED] noted patient with complaints of low back pain. Previous treatments have included medications refills, epidural steroid injections, facet blocks, and trigger point injections. Exam showed tenderness over the bilateral lumbar facet joints, reporting pain with extension and rotation. Diagnoses included Herniated lumbar disc syndrome at L4-S1 per MRI of 4/15/12; Annular tear at L5-S1. Treatment plan was medications Flexeril and Naproxen. Request for Flexeril was non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (cyclobenzaprine) 7.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: This 44-year-old sustained an injury on 6/15/11 while employed by the [REDACTED]. Request under consideration include Flexeril (cyclobenzaprine) 7.5 mg. Report of 9/18/13 from [REDACTED] noted patient with complaints of low back pain. Previous treatments have included medications refills, epidural steroid injections, facet blocks, and trigger point injections. Exam showed tenderness over the bilateral lumbar facet joints, reporting pain with extension and rotation. Diagnoses included Herniated lumbar disc syndrome at L4-S1 per MRI of 4/15/12; Annular tear at L5-S1. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2011. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant changed clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The request for Flexeril (cyclobenzaprine) 7.5 mg is not medically necessary or appropriate.