

Case Number:	CM13-0058547		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2002
Decision Date:	10/01/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/27/2013

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:

The patient is a 51-year-old male who has submitted a claim for lumbar strain, lumbar neuritis, and lumbar segmental dysfunction associated with an industrial injury date of 6/27/2002. Medical records from 2013 were reviewed. The patient complained of low back pain, rated 4/10 in severity, aggravated by bending, twisting, sneezing and coughing. There was occasional numbness involving bilateral lower extremities. Patient reported that the intake of medications provided symptom relief. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted range of motion. Reflexes were hyporeactive at bilateral ankle. Sensation was intact. Treatment to date has included chiropractic care, physical therapy, and medications such as tramadol, Flexeril (since July 2013), and gabapentin (since May 2013). Utilization review from 10/29/2013 denied the request for Flexeril 7.5 mg one tablet per ore b.i.d. because of no objective evidence of significant functional improvement. Long-term use was likewise not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, 1 twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Flexeril since July 2013. Patient reported symptom relief from medication use. Although the most recent physical examination still showed evidence of muscle spasm, long-term use of muscle relaxant was not recommended. There was no discussion concerning need for variance from the guidelines. Quantity to be dispensed was likewise not specified. Therefore, the request for Flexeril 7.5 mg, one twice a day is not medically necessary.