

Case Number:	CM13-0070561		
Date Assigned:	01/03/2014	Date of Injury:	04/09/2008
Decision Date:	05/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 53 year old female who reported an injury on 04/09/2008 with unknown mechanism of injury. In the clinical note dated 12/10/2013, the injured worker complained of consistent low back pain but paraesthesias of the left leg were eased with physical therapy. She noted her pain as 7/10. The injured worker was postoperative lumbar L4-L5 discectomy on 04/2008. The physical examination revealed tender left sciatic area and no motor deficits. The range of motion was annotated as 70% of expected. The treatment plan included 6 more visits of physical therapy for continued low back pain and Flexeril. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: 9792.24.2 , Chronic Pain Medical Treatment Guidelines., Antispasmodics, Page 64; also Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

Decision rationale: The request for Flexeril is not medically necessary. The California MTUS guidelines state that Flexeril is recommended as a second-line option for short-term treatment of

acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The effect of Flexeril is modest and comes at the price of adverse effects. The clinical note did not document if the injured worker had been on NSAIDs. Also, it is unclear of the amount or dose of Flexeril to be dispensed. Flexeril is recommended as a second-line option for short-term treatment. Therefore, the request for Flexeril is not medically necessary and appropriate.