

Case Number:	CM14-0152623		
Date Assigned:	09/22/2014	Date of Injury:	01/08/2010
Decision Date:	10/29/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

56y/o female injured worker with date of injury 1/8/10 with related low back pain. Per progress report dated 8/22/14, the injured worker complained of lumbar radiculopathy. The pain in the low back radiated down the posterior bilateral buttocks and thighs. The injured worker stated there was random left leg buckling and giving way. She rated her pain 5-6/10. Per physical exam, there was diffuse tenderness and tightness over the lumbosacral spine. Straight leg raising test was positive bilaterally. There was a dysesthesia of the left posterior leg into the calf and dysesthesia of the entire right foot. MRI of the lumbar spine dated 7/21/14 revealed discitis and osteomyelitis involving the L5 and S1 vertebral bodies and the intervertebral disc. There were disc protrusions causing a moderately severe left and mild right foraminal stenosis. At L4-L5, there was a posterolateral disc protrusion and mild right foraminal stenosis. Treatment to date has included lumbar discectomy L5-S1 on 1/20/12, physical therapy, injections, and medication management. The date of UR decision was 9/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects."The documentation submitted for review indicates that Flexeril has been in use since 2/2014. As Flexeril is only recommended for short-term use, the request is not medically necessary.