

Case Number:	CM14-0039567		
Date Assigned:	06/27/2014	Date of Injury:	05/20/2002
Decision Date:	08/13/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/04/2014

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 Geriatrics, and is licensed to practice in New York. 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 man with a date of injury of 5/20/02. His physician saw him on 3/17/14 with complaints of low back pain with new radicular pain down the left to the lateral foot. He is status post transforaminal epidural steroid injection to bilateral L4-5 on 1/29/14 with 80% improvement. His physical exam showed normal range of motion in his extremities and a left calf that appeared to have less mass than the right calf. His spine exam showed no tenderness or spasm but with a slightly positive straight leg raise on the right. His diagnoses included disc displacement with radiculitis-lumbar, post lumbar laminectomy syndrome, chronic pain syndrome, hypertension and overweight. At issue in this review is the continuation of the medication Cyclobenzaprine. The start date is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2002. His medical course has included numerous treatment modalities including surgery and ongoing use of several medications including narcotics and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 3/14 did not document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, muscle spasms are not noted on physical exam. The medical necessity of Flexeril or Cyclobenzaprine is not supported in the records. Therefore, the request is not medically necessary.