

Case Number:	CM14-0043979		
Date Assigned:	07/02/2014	Date of Injury:	08/11/2008
Decision Date:	08/26/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 request is for a 61-year-old male with a reported date of injury on 08/11/2008. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include chronic low back pain with radicular pain into the right lower extremity and the L5 distribution. His previous treatments were noted to include epidural steroid injections, interferential unit, and medications. The Progress Note dated 05/28/2014 revealed the injured worker complained of increased pain across his low back and left leg. The physical examination revealed tenderness along the lumbar paraspinal muscles, positive straight leg raise, and pain with dorsiflexion and plantarflexion on the left. The Request for Authorization Form was not submitted within the medical records. The request was for Flexeril 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine Page(s): 64. Decision based on Non-MTUS Citation Browning, 2001; Kinkade, 2007; Toth, 2004; Tofferi, 2004.

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

Decision rationale: The injured worker has been utilizing this medication since 11/2013. The MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, in most low back pain cases they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) and pain in overall improvement. Also, there was no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The most recent progress note did not mention muscle spasms and the efficacy of this medication was not documented. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.