

Case Number:	CM14-0071453		
Date Assigned:	09/05/2014	Date of Injury:	08/11/2008
Decision Date:	10/09/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 injured worker is a 61 year old male with a reported date of injury on 8/11/2008. The mechanism of injury was lifting 5-gallon paint containers. The injured worker's diagnoses included chronic low back pain with radicular pain into the right lower extremity in the L5 distribution. The injured worker's previous treatments included medications, and a right L5-S1 epidural injection on 03/29/2012 which provided significant pain relief. The injured worker's diagnostic testing included an MRI of the lumbar spine, and an electro diagnostic study. No pertinent surgical history was provided. On 05/28/2014 the injured worker was evaluated for back pain following unspecified injection. The clinician observed and reported tenderness along the paraspinal muscles, a positive straight leg raise on the left while seated, and pain with dorsiflexion and plantar flexion. The treatment plan was to follow up after epidural injection, take medications as prescribed, increase gabapentin, and return in four weeks. The injured worker's medications included gabapentin 300 mg increased to 600 mg once daily at bedtime, Norco 10/325 mg, and Effexor 75 mg. The request was for Flexeril. No rationale was provided. No request for authorization form was provided.

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 Muscle Relaxants Page(s): 63, 64.

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

Decision rationale: The request for Flexeril is not medically necessary. The injured worker complained of back pain following an unspecified injection. The California MTUS Chronic Pain Guidelines do recommend Flexeril (cyclobenzaprine) as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Only one clinical note was provided for review. There is no indication that the injured worker has significant spasms for which flexeril would be indicated. The requesting physician's rationale for the request is not indicated within the provided documentation. In addition, the request did not include a strength, dosage, or frequency of administration. Therefore, the request for Flexeril is not medically necessary.