

Case Number:	CM14-0078108		
Date Assigned:	07/18/2014	Date of Injury:	02/19/2012
Decision Date:	09/17/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/28/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury from bending down while carrying a heavy load on 02/19/2012. On 10/18/2013, her diagnoses included chronic low back pain with intermittent radiation into the legs likely due to bilateral L2-3, L3-4, and L4-5 facet arthropathy, and paresthesias in the right arm. Her medications included Tramadol ER 150 mg, Naproxen 550 mg, Protonix 20 mg, Flexeril 7.5 mg, Terocin lotion, and Terocin patches. On 03/11/2014, her complaints included constant pain to her midback with spasms, motion loss, and stiffness. There was constant pain to her lower back with shooting pain to her left knee and toes. Her pain interfered with her ability to perform her activities of daily living in her home. There was no rationale or Request for Authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The request for Flexeril 7.5 mg #60 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. In most low back pain cases they show no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation of chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The injured worker already has documentation of depressive symptoms. A central nervous system depressant should be used with caution. Additionally, the injured worker has been, per the documentation submitted, using Flexeril since 10/18/2013 which exceeds the guideline recommendations of 2 to 3 weeks. Furthermore, there is no frequency of administration specified with the request. Therefore, this request for Flexeril 7.5 mg #60 is not medically necessary.