

Case Number:	CM14-0090396		
Date Assigned:	09/10/2014	Date of Injury:	12/08/2013
Decision Date:	10/20/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational 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:

According to the records made available for review, this is a 54-year-old male with a 12/8/13 date of injury. At the time (6/3/14) of Decision for Flexeril 7.5mg #60, there is documentation of subjective complaints are pain of the neck, back, left upper and lower extremities, and left hip. Objective findings include tenderness to palpitation over the left lumbar paraspinal muscles consistent with spasms, left sciatic notch tenderness and left gluteal spasm, limited range of motion of the lumbar spine, and diminished sensation in the right L5 and left L4-S1 dermatomes of the lower extremities. The current diagnoses are lumbago, sciatica, post laminectomy syndrome, and status post hemilaminectomy. The treatment to date includes physical therapy, acupuncture, epidural steroid injection and medications, including Naproxen. There is no documentation of short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations in patients with chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbago, sciatica, post laminectomy syndrome, and status post hemilaminectomy. In addition, there is documentation of Flexeril used as a second line option. However, despite documentation of muscle spasm, and given documentation of 12/8/13 date of injury, there is no (clear) documentation of acute muscle spasm. In addition, given documentation of the requested Flexeril #60, there is no documentation of short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg #60 is not medically necessary.