

Case Number:	CM14-0099483		
Date Assigned:	09/03/2014	Date of Injury:	02/08/2014
Decision Date:	09/30/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

The injured worker is a 64 y/o male with date of injury 2/8/14 with related low back pain. Per progress report dated 7/23/14, he rated his low back pain 3/10 in intensity. Per physical exam, range of motion of the lumbar spine was decreased with pain on ROM. Diagnoses included brachial neuritis NOS, and lumbosacral neuritis or radiculitis NOS. MRI of the lumbar spine dated 7/5/14 revealed mild annular bulge of the L4-L5 intervertebral disc. Loss in height of the L5-S1 intervertebral disc with a mild annular disc bulge. The documentation submitted for review did not specify whether physical therapy was utilized. Treatment to date has included injections, and medication management. The date of UR decision was 6/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS Chronic Pain Medical Treatment Guidelines states: "Recommend non-sedating muscle relaxants with caution as a

second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The documentation submitted for review indicates that the injured worker has used this medication since at least 2/2014. As it is recommended for short-term use only, the request is not medically necessary.