

Case Number:	CM14-0188981		
Date Assigned:	11/19/2014	Date of Injury:	11/06/2013
Decision Date:	01/08/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in Interventional, 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 patient is a 47 year old male with an injury date of 11/06/13. Based on the 10/21/14 progress report, the patient complains of chronic low back pain. The patient states that the pain is dull achy pain with occasional burning sensation radiating to both buttocks associated with poor sleep and tightness in his lower back. The pain increases towards the end of the day. The pain level is at 2 out of 10. The lumbar spine examination shows loss of lumbar lordosis. There is diffuse tenderness in the bilateral thoracolumbar paraspinals on palpation. The range of motion of the lumbar spine is limited. Forward flexion is 30 degrees, extension is 10 degrees, and lateral bending is 20 degrees to right and 10 degrees to the left. The straight leg raise in the sitting position is 80 degrees and supine straight leg raise is 70 degrees bilaterally. His diagnoses include followings:1. Lumbar strain2. Multilevel lumbar degenerative disc disease with mild-to-moderate degenerative spinal stenosis at L3-4. 3. Chronic lumbar discogenic pain.4. Chronic pain related anxiety.The current medications are Ultracet and Flexeril. The treating physician is requesting for Flexeril 10 mg #30 per 10/21/14 report. The utilization review determination being challenged is dated 10/30/14. The treating physician provided treatment reports from 04/30/14-10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxer.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: This patient presents with chronic low back pain. The request is for Flexeril 10mg #30. MTUS guideline pg. 64 states that "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guideline for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. In this case, the progress reports dated 05/22/14, 07/15/14, and 10/21/14 show that the patient has been on this medication for a long-term. Long-term use more than 2-3 weeks is not recommended per MTUS. There is no documentation of flare-up's or exacerbation to warrant the use of this medication either. Recommendation is for denial.