

Case Number:	CM15-0000621		
Date Assigned:	01/09/2015	Date of Injury:	02/07/2011
Decision Date:	03/11/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male who sustained a work related injury when he twisted to the left while moving barrels in a crouched position on February 7, 2011. The injured worker is diagnosed with chronic low back pain and lumbar disc disease from L2-S1 with positive facet loading. No surgical interventions were documented. According to the primary treating physician's progress report on September 15, 2014 a magnetic resonance imaging (MRI) (no date documented) demonstrated multi-level disc disease. The patient continues to experience low back pain with muscle stiffness, numbness, tingling and tightness. Current medications and treatment modalities include Naprosyn, Neurontin, Flexeril, and Paxil along with chiropractic therapy and cold and heat. The treating physician requested authorization for Flexeril 7.5mg #60. On December 11, 2014 the Utilization Review denied certification for Flexeril 7.5mg #60. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines regarding muscle relaxants for pain.

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 Muscle Relaxant.

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for FLEXERIL 7.5mg #60. The patient is currently taking Naproxen. MTUS guidelines page 63-66 states: "Muscle relaxants --for pain--: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine --Flexeril, Amrix, Fexmid, generic available--: Recommended for a short course of therapy." "In this case, none of the reports discuss specifically this medication other than the presumed use for the patient's muscle spasms. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request of FLEXERIL IS NOT medically necessary.