

Case Number:	CM15-0100052		
Date Assigned:	06/02/2015	Date of Injury:	11/17/2014
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 34 year old male who sustained a work related injury November 17,2014. While lifting lumbar, he noted left sided low back pain. A four view x-ray of the lumbar spine, dated 11/19/2014 (report present in the medical record), revealed degenerative disc disease at L5-S1 and osteophytosis, slight anterior wedging of T11 of uncertain age. An MRI of the lumbar spine, dated 12/31/2014(report present in medical record), revealed lower lumbar arthrosis with L4-5 disc extrusion with mass effect upon the descending right L5 nerve. According to a physician's progress report, dated March 24, 2015, the injured worker presented with pain in the upper and lower back and bilateral arms. Examination of the lumbar spine reveals forward flexion to 45 degrees, extension 15 degrees and side-to-side bending 20/20 degrees. There is tenderness to palpation over the right paraspinal area with spasm and positive straight leg raise on the right at 45 degrees. Sensation is diminished in the right L5-S1 dermatomes. Diagnosis is documented as displacement of lumbar intervertebral disc without myelopathy. At issue, is a request for authorization for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 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.

Decision rationale: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxant, is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore, the request for authorization Flexeril 7.5mg quantity 60 is not medically necessary.