

Case Number:	CM15-0107960		
Date Assigned:	06/12/2015	Date of Injury:	02/18/2011
Decision Date:	07/14/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 40-year-old male who sustained an industrial injury on February 18, 2011. He has reported low back pain and left lower extremity pain and has been diagnosed with status post L5-S1 spinal fusion with residual chronic low back pain and left lower radiculopathy. Treatment has included surgery, medical imaging, medications, physical therapy, and injections. The injured worker complains of low back pain. The pain radiated in the posterolateral distribution into the left leg. The pain radiated into the entire foot. Numbness and tingling were present in the same distribution. Weakness was noted. The Valsalva maneuver exacerbates the pain. The treatment request included Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #90: Upheld

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

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. It is recommended as an option for pain, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief and limited to 2-3 weeks. In this instance, the injured worker has been prescribed Flexeril, nearly continuously, since at least August of 2014. One solitary treatment note, which from 9-30-2014, mentions the presence of spasms over the pedicle screws. Because the duration of the use of this medicine greatly exceeds the recommendations, Flexeril 5 mg #90 is not medically necessary and appropriate.