

Case Number:	CM15-0011494		
Date Assigned:	01/29/2015	Date of Injury:	10/11/2005
Decision Date:	03/24/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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:

This 38 year old female sustained a work related injury on 10/11/2005. Documentation indicated that Flexeril has been prescribed consistently since August 2014. According to a progress report dated 12/31/2014, the injured reported low back pain and numbness of the bilateral lower extremities. Pain was rated 8-9 on a scale of 1-10 without medication and 3-4 with medications. Physical examination revealed reduced sensation of her bilateral posterior thighs, significant tenderness of the bilateral L4-5 and L5-S1 paraspinals and straight leg raise was positive bilaterally. Active problem list included low back pain, lumbar degenerative disc disease, lumbar radiculitis, muscle pain, chronic pain syndrome, gastroesophageal reflux disease and insomnia related to chronic pain. Medications included Norco, Opana ER, Ambien, Neurontin, Prilosec, Flexeril and Motrin. On 01/16/2015, Utilization Review non-certified Flexeril 7.5mg #60. According to the Utilization Review physician, guidelines do not support long term use of this medication. CA MTUS Chronic Pain Treatment Guidelines page 64 was cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

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

Decision rationale: The patient was injured on 10/11/05 and presents with low back pain and radicular symptoms. The request is for FLEXERIL 7.5 MG #60. The RFA is dated 01/08/15 and the patient is permanent and stationary. She has spasms in her lower back, aches in her thoracic and low back, numbness in her bilateral lower extremities, reduced sensation of her bilateral posterior thighs, tenderness over the bilateral L4-5 and L5-S1 paraspinals, increased pain with flexion/extension, and a positive straight leg raise. The patient has been taking Flexeril since 08/22/14. MTUS page 63-66 states: "muscle relaxants (for pain) recommended nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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): recommend for a short course of therapy." MTUS guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Flexeril since 08/22/14, which exceeds the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril IS NOT medically necessary.