

Case Number:	CM15-0134450		
Date Assigned:	07/22/2015	Date of Injury:	09/26/2002
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old male, who sustained an industrial injury on September 26, 2002. Treatment to date has included pain medications, chiropractic therapy, MRI of the lumbar spine, spinal cord stimulator, and anti-depressants. Currently, the injured worker complains of low back pain with radiation of pain down the posterolateral thigh and calf into the foot of the left lower extremity. He reports that his quality of sleep is poor. He rates his pain with medications a 5 on a 10-point scale and rates his pain without medications an 8.5 on a 10-point scale. He notes that with medications he is able to lift ten to fifteen pounds, walk five blocks with a cane and sit-stand for sixty minutes. He is able to perform household tasks such as cooking, cleaning, self-care, laundry, and grocery shopping for thirty minutes at a time. Without pain medications, the injured worker is able to lift less than five pounds, walk 2 blocks or less, sit and stand for thirty minutes or less. He is able to perform household tasks such as cooking, cleaning, self-care, laundry, and grocery shopping for less than ten minutes at a time. The diagnoses associated with the request include lumbar degenerative disc disease, low back pain and lumbar spinal stenosis. The treatment plan includes continuation of chiropractic therapy, OxyContin and Flexeril.

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): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain)-Page(s): 41-42; 64; 63.

Decision rationale: Flexeril 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine dating back per documentation to at least December of 2014. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3week recommended MTUS time frame for this medication. The request for Flexeril is not medically necessary.