

Case Number:	CM15-0134617		
Date Assigned:	07/22/2015	Date of Injury:	02/12/2008
Decision Date:	09/17/2015	UR Denial Date:	06/24/2015
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: Internal Medicine, Rheumatology

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 47 year old male, who sustained an industrial injury on 02/12/2008 when he reported developing low back pain. The injured worker is currently working. The injured worker is currently diagnosed as having numbness, myalgia, lumbar degenerative disc disease, low back pain, lumbar discogenic pain syndrome, and chronic pain syndrome. Treatment and diagnostics to date has included home exercise program and medications. In a progress note dated 05/19/2015, the injured worker presented with complaints of chronic low back pain which was rated 8/10 on the pain scale without medications and 3/10 with medications. Objective findings include a slow gait, tenderness over the lumbar paraspinals, and positive bilateral straight leg raise test. The treating physician reported requesting authorization for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This 49 year old male has complained of low back pain since date of injury 02/12/2008. He has been treated with physical therapy and medications to include muscle relaxants since at least 12/2012. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.