MAXIMUS Federal Services

Case Number:	CM15-0137225		
Date Assigned:	07/27/2015	Date of Injury:	05/02/2000
Decision Date:	09/22/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/15/2015

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: Preventive Medicine, Occupational 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 72 year old male who sustained an industrial injury on May 2, 2000. He reported low back pain. The injured worker was diagnosed as having lumbago. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of continued intermittent low back pain. Evaluation on October 15, 2014, revealed continued back pain. He reported the problem was fluctuating and persistent, aggravated by bending, daily activities and lifting. Severity level was 3 on a scale of 1-10 with 10 being the worst. Although the patient noted he could not remain active without use of Vicodin and Flexeril, the pain rating noted above was not specified if it was while taking medications or while he was not taking medications. Evaluation on June 22, 2015, also revealed continued back pain worse with activity and better with medication and heat. The pain was described as located in the low back intermittent, aching and deep. It was noted that the patient has been taken Vicodin and Flexeril for 15 years to allow him to stay mobile and has been very effective at doing so. Flexeril #60 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants (for pain) Page(s): 41-2, 63-66.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. The MTUS recommends use of cyclobenzaprine for muscle spasms and/or pain relief associated with chronic low back pain. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 30 years with continued benefit in improving mobility and function. Since it has maintained effectiveness and there are no contraindications to its continued use, this medication remains an option in therapy. Medical necessity has been established.