

Case Number:	CM15-0139687		
Date Assigned:	07/29/2015	Date of Injury:	07/28/2010
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: New York

Certification(s)/Specialty: Internal 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 39-year-old female who sustained an industrial injury on 7/28/10. She had complaints of low back pain. Treatments include: medication, physical therapy and injections. Progress report dated 7/1/15 reports continued complaints of low back pain that radiates into her right lower extremity. The pain is made worse by sitting, standing, walking, bending, lifting, and laying down. The pain is made better by medications, TENS unit and wearing the SI joint support belt. The pain is rated 8-9/10 without medications and 4-5/10 with medications. Diagnoses include: persistent disorder of initiating and maintaining sleep, dysthymic disorder, sacroiliac pain, myalgia, and low back pain. Plan of care includes: encouraged to continue home exercise program, heat and ice, continue to wear the SI joint belt for flare ups, continue medication management, dispensed Naproxen, wrote scrip for flexeril 10 mg every 12 hours, #60 and omeprazole 20 mg every 12-24 hours, #60 and amitriptyline 25 mg 1-2 at bedtime and discontinue Tramadol. Work status: permanent and stationary. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 refill times 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 43.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. There is no documentation of functional improvement from any previous use of this medication. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.