

Case Number:	CM15-0142264		
Date Assigned:	08/03/2015	Date of Injury:	08/09/2009
Decision Date:	09/24/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/22/2015

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: Emergency 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 26 year old female who sustained an industrial injury on 8-9-09. The injured worker was diagnosed as having spondylosis lumbosacral region, displacement of lumbar intervertebral disc without myelopathy, spinal stenosis lumbar region without neurogenic claudication and thoracic or lumbosacral neuritis or radiculitis unspecified. Currently, the injured worker reported discomfort in the right wrist, left knee and lumbar spine. Previous treatments included nonsteroidal anti-inflammatory drugs, oral pain medication, wrist brace, physical therapy, lumbar epidural steroid injection (2012), and a transcutaneous electrical nerve stimulation unit. Previous diagnostic studies included a magnetic resonance imaging, nerve conduction velocity study, electromyography and radiographic studies. The injured work status was noted as working. The injured workers pain level was not noted. Physical examination was notable for mild muscle guarding. The plan of care was for Flexeril 10 milligrams quantity of 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. The number of tablets and refills is not consistent with short term use. Cyclobenzaprine is not medically necessary.