

Case Number:	CM15-0143518		
Date Assigned:	08/04/2015	Date of Injury:	06/25/2010
Decision Date:	09/22/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 58 year old male who sustained an industrial injury on 06-25-2010. He reported an occupational injury. The injured worker was diagnosed as having: Lumbar disc displacement. Lumbosacral neuritis not otherwise specified. Myalgia and myositis not otherwise specified. Depressive disorder not elsewhere classified. Long-term use meds not elsewhere classified. Lumbar-lumbosacral disc degeneration. Treatment to date has included medications. Currently in the encounter of 03/23/2015, the injured worker complains of pain that is a 7 on a scale of 0-10. He awakens with stiffness and decreased range of motion, has difficulty arising from a sitting position. On palpation, he has mild to moderate stiffness and soreness and pain to the lumbar spine and sacrum. His gait is antalgic, and he complains of left leg and thigh pain. Straight leg rising on the left is abnormal and on the right normal. His range of motion is limited in all planes. His condition is noted to be unchanged since his prior encounter, which is documented as 04/21/2014. Medications include Neurontin, Prilosec, Cyclobenzaprine, Naproxen, Paxil, and Norco. A request for authorization was submitted for: 1. Paxil 20mg quantity 30. 2. Flexeril 7.5mg quantity 60. 3. Naproxen 550mg quantity 60. 4. Norco 10/325mg quantity 120. 5. Neurontin 300mg quantity 90. 6. Prilosec 20mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work injury in June 2010 and continues to be treated for shoulder, low back, and left leg pain. Medications have included Flexeril prescribed since at least August 2014. When seen, there was an antalgic gait with forward bent posture. There was improved thoracolumbar range of motion. Medications were refilled. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.