

<b>Case Number:</b>	CM15-0144820		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/27/1991
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 is a 55 year old female, who sustained an industrial injury on September 27, 1991, incurring low back, upper back and knee injuries. She was diagnosed with lumbar disc disease with herniation, lumbar radiculopathy, and cervical strain. Treatment included bilateral knee arthroscopic surgery, lumbar spine fusion, pain medications, muscle relaxants, neuropathic medications, proton pump inhibitor, mood elevation medications, topical analgesic patches and activity restrictions. Currently, the injured worker complained of persistent low right sided back pain with spasms rated 8 on a pain scale of 1 to 10. The treatment plan that was requested for authorization included prescriptions for Flexeril and 5HTP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1991 and continues to be treated for low back pain. When seen, she was in a very good mood. She was having more pain and was concerned about running out of medications. She was having right-sided low back pain rated at 8/10 with muscle spasms. She was having difficulty sleeping. Physical examination findings included a BMI of over 28. A muscle relaxant is a second-line option for the treatment of acute exacerbations in patients with muscle spasms and short-term use only of 2-3 weeks is recommended. In this case, Flexeril (cyclobenzaprine) was being prescribed for chronic muscle spasms with no identified new injury or exacerbation and the quantity prescribed is consistent with more than a three-week period of use. There were no physical examination findings of muscle spasms documented when it was requested. It was not medically necessary.

**5HTP 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Medical Food - 5 hydroxytryptophan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Food.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1991 and continues to be treated for low back pain. When seen, she was in a very good mood. She was having more pain and was concerned about running out of medications. She was having right-sided low back pain rated at 8/10 with muscle spasms. She was having difficulty sleeping. Physical examination findings included a BMI of over 28. Guidelines recommend use of a medical food for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. In this case, there is no identified disease or condition that would indicate the need for a 5HT supplementation which was not medically necessary.