MAXIMUS Federal Services

Case Number:	CM15-0145251		
Date Assigned:	08/06/2015	Date of Injury:	10/29/2000
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	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: Arizona, California
Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on 10-29-2000. Mechanism of injury occurred when he was trying to pry an air blower from the ground, it let go and forced his whole body backwards, causing immediate and severe low back pain, and gradually developed left posterior buttock, thigh and calf pain all the way to the ankle. Diagnoses include degeneration of lumbar intervertebral disc, osteoarthritis of spinal facet joint, myofascial pain, and lumbar radiculopathy with impingement of right L4 nerve root and bilateral L5 per Magnetic Resonance Imaging on 11/19/2014, and pain in the thoracic spine. Treatment to date has included diagnostic studies, medications, injections, lumbar epidural steroid injections, heat and ice, rest and gentle stretching, meniscectomy of this left knee in 2012, radiofrequency rhizotomies, physical therapy, chiropractic services, massage and use of a Transcutaneous Electrical Nerve Stimulation unit. She has also had occasional Toradol injections. Her medications include Flexeril and Trazadone. A physician progress note dated 06-29-2015 documents the injured worker complains of low back and left leg pain as 3-4 out of 10 on the pain scale with medications and 7-8 out of 10 without medications. She benefits with her chronic pain medication maintenance regimen, activity restriction and rest also helps to keep pain within a manageable level to allow patient to complete necessary activities of living such as walking, light household chores and shopping. She ambulates with an antalgic gait and a limp. There is tenderness and tightness across the lumbosacral area and the bilateral sacroiliac joints on palpation. She has a significant amount of muscle spasms under palpation. Range of motion is restricted. She has positive Straight leg raise left greater than right. Dysesthesia radiates to his left leg and extends to her calf as well as radiating form the low back to the right groin. The treatment plan is to continue with her current medications. Treatment requested is for Flexeril 10mg #90 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 #90 with 2 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with Trazadone for over a month. Long-term use is not recommended and is not medically necessary.