

Case Number:	CM15-0146601		
Date Assigned:	09/03/2015	Date of Injury:	06/11/1999
Decision Date:	10/06/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/28/2015

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 53-year-old female, who sustained an industrial injury on 6-11-99. She reported pain in her lower back and left leg after falling in an elevator. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar radiculitis. Treatment to date has included a lumbar MRI on 9-12-14, an L4-L5 and L5-S1 epidural injection on 2-3-15 (with 65-70% relief) and 6-25-15, Percocet and Flexeril (since at least 12-8-14). On 4-23-15, the injured worker rated her pain a 6 out of 10. She indicated changing from Norco to Percocet is helping her to perform activities of daily living. As of the PR2 dated 5-28-15, the injured worker reports exacerbation of lower back pain that radiates to the left leg. She rates her pain an 8 out of 10 with medications. Objective findings include decreased lumbar range of motion and a positive straight leg raise test at 60 degrees on the left. The treating physician requested to continue Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work-related injury in June 1999 and is being treated for low back and left lower extremity pain. When seen, she was having an exacerbation of symptoms. Pain was rated at 8/10 with medications. Physical examination findings included lumbar muscle spasms with decreased range of motion and decreased left lower extremity strength and sensation. Left straight leg raising was positive. Recent treatments include lumbar epidural steroid injections with relief of leg pain. Flexeril is being prescribed on a long-term basis. 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 for at least another month and was not medically necessary.