

Case Number:	CM15-0147195		
Date Assigned:	08/10/2015	Date of Injury:	06/18/2004
Decision Date:	09/24/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/29/2015

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: Physical Medicine & Rehabilitation

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 61-year-old female who sustained an industrial injury on 6-18-04. The injured worker was diagnosed as having myalgia and myositis unspecified, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, injection therapy, nonsteroidal anti-inflammatory drugs, lumbar facet joint pain, lumbar radiculitis, chronic pain syndrome and numbness. Currently, the injured worker reported low back pain. Previous treatments included home exercise program, oral pain medication, and oral muscle relaxant. Work status was noted as retired. The injured workers pain level was noted as 9-10 out of 10 without medication and 0-1 out of 10 with medication use. Physical examination was notable for sciatic notches and sacroiliac joint tenderness to palpation, lumbar paraspinals tender with muscle spasms noted. The plan of care was for Flexeril 10 milligrams quantity of 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle relaxants Page(s): 63-66.

Decision rationale: The current request is for Flexeril 10mg #180. The RFA is not provided in the medical file. Previous treatments included home exercise program, oral pain medication, and oral muscle relaxant. The patient is not working. MTUS Chronic Pain Guidelines under Muscle relaxants (for pain) pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per report 07/02/15, the patient presents with chronic low back pain. Physical examination was notable for sciatic notches and sacroiliac joint tenderness to palpation, lumbar paraspinals tender with muscle spasms. The patient has been prescribed Flexeril since at least 05/29/14. MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. Given this patient has been using this medication chronically, the request is not medically necessary.