

Case Number:	CM15-0163035		
Date Assigned:	08/31/2015	Date of Injury:	08/11/2009
Decision Date:	10/26/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/19/2015

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: Pennsylvania

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 74-year-old male, who sustained an industrial injury on 08-11-2009. The injured worker is currently permanent and stationary. Current diagnoses include long-term use of medications and post lumbar laminectomy syndrome. Treatment and diagnostics to date has included lumbar laminectomy, right knee arthroscopy, epidural injection without benefit, and medications. Current medications include Norco and Cyclobenzaprine. In a progress note dated 07-21-2015, the injured worker reported chronic lower back pain. Physical examination was unremarkable. The treating physician reported requesting authorization for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Cyclobenzaprine-Flexeril 7.5mg #90 MS one twice daily for spasm - muscle relaxant quantity 180, refills not specified for submitted diagnosis of post lumbar, lower back, laminectomy syndrome as an outpatient: 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, Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the MTUS, muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexeril are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. In this case, it appears the Flexeril is being prescribed for chronic use. It appears he has already been taking the medication for at least several weeks and there is no indication of an acute exacerbation. In fact, the record states, "patient denies acute changes in his pain since his previous visit." The requested amount for 90 days exceeds the recommended 2-3 week limitation. This request is not medically necessary.