

Case Number:	CM15-0181927		
Date Assigned:	09/23/2015	Date of Injury:	12/26/2010
Decision Date:	10/27/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/15/2015

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 78 year old female, who sustained an industrial injury on 12-26-10. The injured worker was diagnosed as having lumbar degenerative disc disease; back pain; lumbago; mild lumbar radiculopathy. Treatment to date has included physical therapy; Medial Branch Blocks L4-L5 and L5-S1 (1-16-15); Radiofrequency Rhizotomy Lumbar Spine (3-10-15); medications. Currently, the PR-2 notes dated 8-27-15, the provider documents the injured worker "continues to have moderate to moderately severe low back pain; today she rates it as high as 6 out of 10. She has some irritation going down her bilateral lower extremities, but it is not severe." He notes her objective findings show good strength and sensation in her bilateral lower extremities. His conclusion documents he understand an SI joint injection has been denied several times. He is now requesting prior authorization to be able to dispense medicines from his office such as non-narcotic medicines. He is also requesting x-rays be done at an outside facility so an outside radiologist read them and can see the injured worker's spondylolisthesis. There is no documentation indicting when Flexeril was first prescribed for this injured worker. A Request for Authorization is dated 9-15-15. A Utilization Review letter is dated 9-11-15 and non-certification was for Flexeril 10mg #90 (08-27-15). The Utilization Review letter states "There are no extenuating circumstances to support long term use of this medication. Furthermore, there is an absence of documentation noting that this claimant has muscle spasms. As such, the medical necessity of this request is not established. Therefore, Flexeril 10mg #90 (8-27-15) is not medically necessary. However, due to the nature of this drug, weaning is recommended." Utilization Review denied the requested treatment for not meeting the CA MTUS and ODG Guidelines. The provider is requesting authorization of Flexeril 10mg #90 (08-27-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90 (08/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in December 2010 and continues to be treated for moderately severe low back pain with bilateral lower extremity symptoms. Recent treatments include lumbar radiofrequency medial branch ablation. When seen, pain was rated at 6/10. Physical examination findings are documented as showing good strength and sensation in the lower extremities. The claimant's body mass index is nearly 36. 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. It is a second-line option for the treatment of acute exacerbations in patients with muscle spasms. In this case, there is no indication for this medication. There is no acute exacerbation or documentation of any muscle spasms. The request cannot be accepted as being medically necessary.