

Case Number:	CM15-0182287		
Date Assigned:	09/23/2015	Date of Injury:	02/26/2011
Decision Date:	10/27/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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 33 year old female, who sustained an industrial injury on 2-26-11. The injured worker is undergoing treatment for low back pain, spasm of muscle and right knee pain. Medical records dated 9-14-15 indicate the injured worker complains of back pain radiating down right leg to the foot with stiffness, numbness and tingling. Physical exam dated 9-14-15 notes decreased lumbar range of motion (ROM), tenderness to palpation of the right gluteal area, sciatic notch and right thigh and decreased sensitivity in the right lateral cuff radiating to her foot. 5-28-15 visit indicates right knee pain rated 5 out of 10 with medication and 10 out of 10 without medication and indicates use of Flexeril as needed for muscle spasm. Treatment to date has included physical therapy, cortisone injection, Norco and Cymbalta. The original utilization review dated 8-31-15 indicates the request for Flexeril 10mg ½ to 1 daily as needed for acute muscle spasms X 30 is non-certified noting the effect is greatest in the first 4 days of treatment and it is unclear how long she has been taking Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg take 1/2 to 1 daily as needed for acute muscle spasms x 30: 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 February 2011 and continues to be treated for right knee pain with secondary low back pain. When seen, she was having increased right knee pain. Medications were decreasing pain from 6/10 to 4/10 with improved activity level. Physical examination findings were that of vital signs including a body mass index over 26. Medications were refilled including Flexeril. Muscle relaxants have been prescribed on a long-term basis. Norflex and Flexeril are being prescribed. 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, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use and is not considered medically necessary.