

Case Number:	CM15-0186185		
Date Assigned:	09/28/2015	Date of Injury:	04/22/2015
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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 45-year-old female, who sustained an industrial injury on 4-22-2015. The injured worker was being treated for L5-S1 disc degeneration, L5-S1 extruded disc herniation, L5-S1 stenosis, and left S1 radiculopathy. Treatment to date has included diagnostics and medications. Currently (8-25-2015), the injured worker complains of "central low back pain with radiation to the left leg from the anterior and posterior thigh, with numbness in the left calf and foot". Pain was not rated. Function with activities of daily living was not described. Magnetic Resonance Imaging and x-rays of the lumbar spine were referenced. Examination showed "no significant weakness or atrophy, but there are signs of nerve root compression with sensory loss and positive straight leg raise, as well as change in deep tendon reflexes on the left". Muscle spasms were not documented. It was documented that Tylenol #4 and Skelaxin were ineffective. Her current work status was not documented, noting total temporary disability on the PR2 report 7-09-2015. The treatment plan included to start Relafen 750mg #60 and to start Flexeril 10mg #60. On 9-03-2015 Utilization Review non-certified the requested Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 07/15/2015.

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 April 2015 when she fell when standing up from her desk. She has an extruded left lateralized L5/S1 disc herniation. When seen, she had complaints of central low back pain with left lower extremity radiating symptoms and left foot and calf numbness. Physical examination findings included decreased sensation and positive straight leg raising. There was an abnormal left lower extremity reflex response. Relafen was prescribed for pain and Flexeril for muscle spasms. Prior medications had included Skelaxin, which had not helped. A lumbar discectomy and possible fusion were being considered. Flexeril (cyclobenzaprine) is closely related to the tricyclic anti-depressants. 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 there were no complaints or physical examination findings of muscle spasms. More than a three-week supply of medication was prescribed. The request is not medically necessary.