

Case Number:	CM15-0188306		
Date Assigned:	09/30/2015	Date of Injury:	04/11/2010
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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 54 year old female who sustained an industrial injury on 04/11/2010. A review of the medical records indicated that the injured worker is undergoing treatment for lumbosacral disc desiccation and degenerative disc disease, iliolumbar and lumbosacral strain and myofascial strain. According to the treating physician's progress report on 08-20-2015, the injured worker continues to experience chronic low back pain. Examination of the lumbosacral spine demonstrated normal gait with full active and passive range of motion, well preserved muscle bulk, joint contours, strength and sensation with deep tendon reflexes intact. On 09-11-2015, the injured worker complained of increased pain in the left sacroiliac joint with some spasm noted. Examination noted sacroiliac tenderness with positive left Gaenslen's and Faber's with decreased range of motion by 10% in all planes. Prior treatments have included left L4, L5 and S1 transforaminal epidural steroid injections on 04-17-2015, interlaminar epidural steroid injection on 06-09-2015, chiropractic therapy, physical therapy, acupuncture therapy and medications. Current medications were listed as Hydrocodone, Diclofenac, Tizanidine, Lidocaine pads and Omeprazole. Treatment plan consists of left sacroiliac joint injection, back brace and the current request on 09-11-2015 for Flexeril 7.5mg #90. On 09-18-2015 the Utilization Review determined the request for Flexeril 7.5mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: Overturned

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 April 2010 and is being treated for low back pain after falling from a chair onto a concrete floor. Muscle relaxants have included tizanidine being prescribed on a long-term basis. When seen, there had been some improvement after a cervical epidural steroid injection. She was having increased sacroiliac joint pain with spasms. Physical examination findings included left sacroiliac joint tenderness with positive sacroiliac joint testing. There was decreased lumbar range of motion. A back brace and medications were requested including Flexeril which was prescribed for one month. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy in patients with muscle spasms. In this case, when prescribed, the treating provider documents the presence of muscle spasms. The claimant was having an exacerbation of symptoms. A 30 day supply was prescribed. Flexeril was medically necessary.