MAXIMUS Federal Services

Case Number:	CM15-0189240		
Date Assigned:	10/01/2015	Date of Injury:	12/13/2012
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 47 year old female, who sustained an industrial injury on 12-13-2012, resulting in pain or injury to the lower back. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus (HNP) with right lower extremity radiculopathy and medication induced gastritis. On 8-19-2015, the injured worker reported increased pain in her lower back radiating down to her right lower extremity which limited her mobility and activity tolerance, noting the pain could go as high as 8 in intensity, having been 3 out of 10 during the three months of relief from the lumbar epidural injection. The Treating Physician's report dated 8-19-2015, noted the injured worker underwent a very successful lumbar epidural injection on 3-26-2015, reporting at least 70% pain relief to the lower back and radicular symptoms to the lower extremities with notable improvement in mobility and activity tolerance. The Physician noted that over the past few weeks the injured worker's pain had returned back to pre-injection level. The injured worker's current medications were noted to include Ultracet, Anaprox, Prilosec, and Flexeril, which was noted to have been beneficial to help her sleep and function better the next day. The physical examination was noted to show tenderness to palpation bilaterally of the posterior lumbar musculature with numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles, and decreased range of motion (ROM) with obvious muscle guarding. The Physician noted the injured worker with greater than three months of myofascial pain in the posterior lumbar musculature "which medical management therapies such as ongoing stretching exercises, physical therapy, non-steroid anti-inflammatory drugs (NSAIDs), and-or muscle relaxants have

failed to control", with palpable trigger points. The injured worker received four trigger point injections. Prior treatments have included lumbar epidural injections, trigger point injection, and medications including Anaprox, Ultracet, Prilosec, and Flexeril prescribed 5-27-2015. The treatment plan was noted to include a lumbar epidural steroid injection (ESI) scheduled for 8-27-2015, and refill of medications. The request for authorization dated 8-19-2015, requested Flexeril 10mg #60. The Utilization Review (UR) dated 8-25-2015, non-certified the request for Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60: 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: Flexeril 10 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week MTUS recommended time period for this medication. The request for Flexeril is not medically necessary.