

Case Number:	CM15-0192069		
Date Assigned:	10/06/2015	Date of Injury:	07/29/2013
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 22 year old male, who sustained an industrial injury on 7-29-13. The injured worker is being treated for lumbar spine disc herniation at L4-5, status post epidural steroid injection, continued radiculopathy of left lower extremity and status post microdiscectomy at L4-5. Treatment to date has included oral medications including Tylenol #3, 6 physical therapy sessions and activity modifications. On 8-31-15, the injured worker complains of persistent low back pain rated 4-5 out of 10 with radiation down left leg to back of knee with weakness, numbness and tingling. The injured worker is currently not working. Physical exam performed on 8-31-15 revealed significant decreased range of motion of lumbar spine with positive straight leg raise on left with radiation into the anterolateral left thigh over the anterior knee and dorsal foot. He also notes weakness of right EHL as well as in plantar flexion of left foot. The treatment plan included request for topical cream and dispensing of Tylenol #3 and addition of Flexeril. On 9-16-15 request for Flexeril 10mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 tablet every 6 hours prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.