

Case Number:	CM15-0196421		
Date Assigned:	11/03/2015	Date of Injury:	05/27/2014
Decision Date:	12/14/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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 41 year old male, who sustained an industrial injury on 05-27-2014. He has reported injury to the low back. The diagnoses have included lumbar strain; lumbar disc protrusion; compression fracture at L1; cervical sprain; right knee sprain; and gastritis. Treatments have included medications, diagnostics, chiropractic therapy, and home exercise program. Medications have included Tylenol #3, Tramadol, Zanaflex, Norco, Flexeril, and Prilosec. A progress report from the treating provider, dated 08-26-2015, documented an evaluation with the injured worker. The injured worker reported that he continues to have the pain from mid-to-low back; the pain is still going up to even 9-10 out of 10 in intensity, becoming unbearable; it is not all of the time that he has the extreme pain; he recently started taking the Tramadol as well as the Flexeril at nighttime; he has not seen any improvement in pain with the assistance of the medications; he is also feeling the radiation of pain going down both right and left legs; and specifically from the knee to the ankle there is a lot of pulling in those areas. Objective findings included there is exquisite tenderness noted at the cervical paravertebrals, trapezius, and interscapular area; cervical extension is somewhat restricted and painful; there is exquisite tenderness noted at the L1-L2 area in the thoracic spine as well as lumbar spine tenderness noted at the L3-L4, L4-L5, and L5-S1; he can flex to eight inches to ground; heel and toe ambulation is painful; straight leg raise test is causing hamstring tightness, and he was also complaining of pain sitting down at 45 degrees; and tenderness is noted at the right knee medial joint line. The treatment plan has included the request for Flexeril 7.5 mg

#30. The original utilization review, dated 09-15-2015, non-certified the request for Flexeril 7.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #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): 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 ongoing 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.