

Case Number:	CM15-0201540		
Date Assigned:	10/16/2015	Date of Injury:	09/19/2003
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: California, 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:

This is a 49 year old female with a date of injury of September 19, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain and seizure disorder. A progress note dated June 23, 2015 documented complaints of lower back pain. Medical records (September 14, 2015) indicate that the injured worker complained of pain between the scapular blades over to the right side rated at a level of 9 out of 10. Records also indicate that Flexeril "helps her tremendously." Per the treating physician (September 14, 2015), the employee was not working. The physical exam dated June 23, 2015 reveals some tenderness to palpation of the paraspinal muscles of the lumbar spine, and difficulty staying seated. The physical exam (September 14, 2015) reveals tenderness to palpation in the interscapular region more on the right side, diminished range of motion of the lumbar spine, and palpatory tenderness throughout the lumbar paraspinal muscles. Treatment has included medications (Flexeril since at least July 31, 2015; Keppra, Neurontin, Ibuprofen and Klonopin) and lumbar spine fusion. The treating physician did not document results of recent urine drug screens. The original utilization review (September 30, 2015) non-certified a request for Flexeril 10mg #20 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Flexeril 10mg #20 with 2 refills: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Flexeril is a muscle relaxant indicated for short-term use in the treatment of acute exacerbation of chronic low back pain. It has its greatest effect in the first 3-4 days, with a maximum recommended duration of 2-3 weeks. In this case, the patient has been taking Flexeril on a long-term basis. There is no evidence of pain reduction or increased function with the use of Flexeril. A prior UR did not certify the continuation of Flexeril. Base on the above findings, the request is not medically necessary or appropriate.