

Case Number:	CM15-0201960		
Date Assigned:	10/16/2015	Date of Injury:	07/13/2001
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on July 31, 2001, incurring low back injuries. She was diagnosed with lumbago, and lumbar degenerative disc disease. Treatment included opioids, anti-inflammatory drugs, proton pump inhibitor, and muscle relaxants, neuropathic medications, sleep aides, activity restrictions, and underwent a surgical lumbar fusion. Currently, the injured worker complained of continued chronic low back pain radiating into the lower extremities. She complained of chronic nausea and constipation. She was noted to have decreased sensation and muscle spasms of the lumbar spine. She had failed back syndrome. The pain was made worse with bending and lifting at the waist and made better with rest, medications, stretching and heat compresses. The treatment plan that was requested for authorization included a prescription for Flexeril 7.5 mg #90 from a date of service of August 7, 2015. On September 16, 2015, a request for a prescription for Flexeril was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Flexeril 7.5mg #90 (DOS: 08/07/2015): Upheld

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

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic July 2001 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Retrospective: Flexeril 7.5mg #90 (DOS: 08/07/2015) is not medically necessary and appropriate.