

Case Number:	CM15-0206128		
Date Assigned:	10/22/2015	Date of Injury:	05/12/2015
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old male, who sustained an industrial injury on 5-12-2015. Medical records indicate the worker is undergoing treatment for lumbar discogenic pain, bilateral lumbosacral radicular pain, cervical discogenic pain and possible lumbar sprain-strain. A recent progress report dated 9-9-2015, reported the injured worker complained of constant low back pain radiating to the left lower extremity more than the right and neck pain radiation into both shoulders, rated 5-6 out of 10. Physical examination revealed neck and low back muscle spasms. Lumbar magnetic resonance imaging from 7-9-2015 showed multilevel disc protrusion and spondylotic changes. Electro diagnostic studies of the bilateral lower extremities on 9-9-2015 showed chronic right lumbar 5 radiculopathy. Treatment to date has included physical therapy and medication management. The physician is requesting Retrospective request: 30 tablets of Flexeril 7.5mg (date of service 9-9-15). On 9-24-2015, the Utilization Review modified the request for Retrospective request: 30 tablets of Flexeril 7.5mg (date of service 9-9-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 30 tablets of Flexeril 7.5mg (DOS 9/9/15): Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Retrospective request: 30 tablets of Flexeril 7.5mg (DOS 9/9/15) is not medically necessary.