

Case Number:	CM15-0208137		
Date Assigned:	11/20/2015	Date of Injury:	12/01/1999
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on December 1, 1999. The injured worker was currently diagnosed as having failed low back pain syndrome, lumbar degenerative disc disease, lumbar radicular pain, neck pain, cervical degenerative disc disease and intermittent upper extremity radicular pain. Treatment to date has included diagnostic studies, surgery, Morphine, Oxycodone and physical therapy. Notes stated that she cannot take NSAIDs due to a history of gastric bypass. On September 18, 2015, the injured worker complained of neck and aching low back pain. The pain was rated a 7-9 on a 1-10 pain scale without medication, coming down to a 5-6 on the pain scale with medication. On the day of exam, her current medications included Metformin, Simvastatin, triamterene, vitamin D, aspirin, Norco, Lamictal, bupropion, gabapentin, Plavix, Trazodone, pilocarpine, propranolol, pantoprazole and escitalopram. Physical examination of the low back revealed pain with lumbar flexion and extension. Straight leg raising was positive bilaterally, left great than right. Physical examination of the neck showed pain with rotation, flexion and extension. Spurling's sign elicited neck pain. There was tenderness of the bilateral C5-6 and C6-7 paraspinal muscles. The treatment plan included a refill of Norco, urine toxicology screen and a prescription for Flexeril. On October 12, 2015, utilization review denied a request for Flexeril 7.5mg #60. A request for Norco 10-325mg #90 was conditionally non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, #60: 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: This claimant was injured in 1999 with a failed low back syndrome. Straight leg raise was positive bilaterally. Objective functional improvement out of the regimen was not noted. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not medically necessary in the MTUS.