

Case Number:	CM15-0208140		
Date Assigned:	10/27/2015	Date of Injury:	05/18/2009
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
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, Illinois

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 53 year old male, who sustained an industrial injury on May 18, 2009. The injured worker was diagnosed as having status post hemilaminotomies bilaterally to the lumbar two to three and lumbar three to four in January of 2011, status post lumbar three to four and lumbar four to five laminectomies on October 15, 2013, broad based disc protrusion at lumbar four to five per magnetic resonance imaging on December 18, 2012, and no H-reflex on the left side per electrodiagnostic study on November 21, 2011. Treatment and diagnostic studies to date has included electrodiagnostic study, magnetic resonance imaging of the lumbar spine, above noted procedures, and medication regimen. In a progress note dated September 29, 2015 the treating physician reports complaints of pain to the low back that radiates to the lower extremities. Examination performed on September 29, 2015 was revealing for an antalgic gait and the examination from July 07, 2015 noted "no significant change" in examination. The injured worker's medication regimen on September 29, 2015 included Lunesta, Relafen, Viibryd (since at least prior to September 29, 2015), Flexeril, and Neurontin. The progress note from September 29, 2015 and July 07, 2015 did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen, but on September 29, 2015 noted 30% improvement in radicular symptoms with the use of Neurontin, the use of Relafen "continues to help with some of the pain and inflammation", and use of Flexeril was used only as needed for exacerbations. The progress note from September 29, 2015 did not indicate if the injured worker experienced any functional improvement with use of medication

regimen. The progress note from July 07, 2015 noted that the injured worker was able to "remain active with medications" and recently was able to "walk around" during a trip he took. On September 29, 2015 the treating physician requested Flexeril 10mg with a quantity of 15 with 3 refills noting current use of this medication. On October 14, 2015 the Utilization Review determined the request for Flexeril 10mg with a quantity of 15 with 3 refills to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG #15 with 3 Refills: 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).

Decision rationale: The injured worker sustained a work related injury on April 01, of 2015. The medical records provided indicate the diagnosis of status post hemilaminotomies bilaterally to the lumbar two to three and lumbar three to four in January of 2011, status post lumbar three to four and lumbar four to five laminectomies, broad based disc protrusion at lumbar four to five per magnetic resonance imaging on December 18, 2012. Treatments have included Lunesta, Relafen, Viibryd, Flexeril, and Neurontin. The medical records provided for review do not indicate a medical necessity for Flexeril 10 MG #15 with 3 Refills. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. Flexeril (Cyclobenzaprine) is a muscle relaxant with a recommended dosing of 5 -10 mg three times a day, for no longer than 2-3 weeks. The requested treatment is not medically necessary.