

Case Number:	CM15-0034998		
Date Assigned:	03/03/2015	Date of Injury:	04/17/1999
Decision Date:	04/10/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York
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:

The injured worker is a 63 year old male, who sustained an industrial injury on 4/17/99. On 2/24/15, the injured worker submitted an application for IMR for review of Flexeril 7.5mg. The treating provider has reported the injured worker complained of back pain radiating down left leg with tingling. The diagnoses have included lumbar strain; musculoligamentous strain lumbosacral; radiculopathy right lower extremity. Treatment to date has included EMG/NCS lower extremities (9/22/14); status post three lumbar surgeries; documented Fusion at L4-L5 and L5-S1 with instrumentation and pedicle screws (no dates). On 1/29/15 Utilization Review non-certified Flexeril 7.5mg. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. The patient is on Robaxin and Tylenol #3. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. There is no documentation of muscle spasms on exam. Therefore, the request is considered not medically necessary.