

Case Number:	CM15-0035941		
Date Assigned:	03/04/2015	Date of Injury:	08/18/2012
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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 50-year-old male who sustained an industrial injury on 08/18/2012. Current diagnoses include lumbar strain with disc bulge L3-L4 and L4-L5, L4-L5 degenerative disc disease with bilateral neuroforaminal stenosis, and bilateral radiculitis, clinically. Previous treatments included medication management. Report dated 01/14/2015 noted that the injured worker presented with complaints that included lumbar spine, bilateral shoulder, and bilateral hip pain. Pain level was rated as 7 out of 10 in the back and 4 out of 10 in the shoulders on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/30/2015 non-certified a prescription for Flexeril, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; page 124.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the left leg and pain in both shoulders. There was no suggestion that the worker was having a new flare of on-going lower back pain. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Flexeril (cyclobenzaprine) 10mg is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.