

Case Number:	CM15-0046963		
Date Assigned:	03/19/2015	Date of Injury:	09/23/2011
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female, who sustained an industrial injury on September 23, 2011. She has reported lower back pain and knee pain. Diagnoses have included lower back pain, spondylolisthesis, lumbar spine radiculopathy, lumbar spine degenerative disc disease, and knee pain. Treatment to date has included medications and imaging studies. A progress note dated January 30, 2015 indicates a chief complaint of increased pain and poor sleep quality. The treating physician documented a plan of care that included physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Per the 01/30/15 report, the patient presents with severely increased pain with diagnoses that include: Low back pain, Lumbar radiculopathy, Lumbar DDD and Knee

pain. The current request is for FLEXERIL Cyclobenzaprine 10mg #30 per the 02/10/15 RFA. The patient is temporarily very disabled. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The treating physician states that patient's medication regimen, which includes ibuprofen, Lidoderm patch, Norco and Flexeril allow her to work and live independently with self-care and ADL's. However, the treater notes in this report that due to increased pain the patient is unable to work. This medication is indicated as a second line treatment for acute exacerbations of chronic pain; however, the reports provided show the patient has been continuously prescribed this medication since at least 08/29/14. The MTUS guidelines recommend use of no more than 2- 3 weeks. Furthermore, this request is for 1 at bedtime as needed for a quantity of #30, a one month supply. The request IS NOT medically necessary.