

Case Number:	CM15-0047210		
Date Assigned:	03/19/2015	Date of Injury:	10/27/2001
Decision Date:	04/24/2015	UR Denial Date:	03/04/2015
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, Pain Management

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 45 year old male, who sustained an industrial injury on October 27, 2001. The injured worker was diagnosed as having L5-S1 disc disease with grade 1 stable spondylolisthesis and disc bulge and L4-L5 disc dessication with annular tear, lumbar facet syndrome, multiple sclerosis with optic neuritis and legal blindness, depression, and history of bowel obstruction and colon resection. Treatment to date has included cognitive behavioral therapy, lumbar medial branch blocks, home exercise program (HEP), physical therapy, and medication. Currently, the injured worker complains of low back pain. The Treating Physician's report dated February 25, 2015, noted the injured worker had a flare-up of the low back pain over the previous month, using Norco, Butrans, Pamelor, and Flexeril. The injured worker's pain was noted to be reduced by more than 50% with use of these medications, with the medications having been authorized by utilization review due to ongoing efficacy and significant issues with decreased medications. Physical examination was noted to show the injured worker walking with a normal gait, in no apparent distress, with 5/5 strength bilaterally in iliopsoas, quadriceps, tibialis anterior, and toe flexors with normal sensation in bilateral lower extremities. Straight leg raise was noted to be negative bilaterally. The Physician noted the plan to include continued current medications and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

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

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

Decision rationale: Regarding the request for Flexeril (cyclobenzaprine), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy no longer than 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested cyclobenzaprine is not medically necessary.