

Case Number:	CM15-0087286		
Date Assigned:	05/11/2015	Date of Injury:	11/20/2006
Decision Date:	06/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 59 year old male, who sustained an industrial/work injury on 11/20/06. He reported initial complaints of back pain. The injured worker was diagnosed as having displacement of lumbar disc without myelopathy, degenerative lumbosacral intervertebral disc and lumbago. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of increased pain in the back but still tolerable and dull in character. Per the primary physician's progress report (PR-2) on 4/14/15, examination revealed ambulation with stiff antalgic gait due to pain. He had functional range of motion of lower extremities and 5/5 strength right and 4/5 left. Reflexes at knees are ¾ bilaterally. There was decreased sensation to light touch in lower extremities increased on right to left, back flexion 60 degrees, extension 10 degrees and non-tender to palpation in spinous processes of the lumbar region. Current plan of care included medication. The requested treatments include Flexeril 10 mg.

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 Muscle relaxants (for pain), Antispasmodics, Cyclobenzaprine (Flexeril) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The injured worker has been prescribed cyclobenzaprine since at least October, 2014. There is no evidence of an acute exacerbation of pain that would warrant the use of flexeril. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg #90 is not medically necessary.