MAXIMUS Federal Services

Case Number:	CM15-0232246		
Date Assigned:	12/07/2015	Date of Injury:	01/25/2007
Decision Date:	01/14/2016	UR Denial Date:	11/14/2015
Priority:	Standard	Application Received:	11/25/2015

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: Massachusetts
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 35 year old male who sustained an industrial injury on 1-25-07. He is not working. Medical records indicate that the injured worker has been treated for low back pain with history of discectomy. He currently (10-23-15) complains of persistent low back pain with numbness to the left toes with a pain level of 7 out of 10. Physical exam dated 9-25-15 indicated tenderness to lumbar paraspinal muscles with spasms, decreased range of motion in all planes, positive bilateral straight leg raises. Medication and transcutaneous electrical nerve stimulator unit helps with overall pain. Last urine drug screen was 5-7-15 and was consistent with prescribed medications; he is not exhibiting any aberrant behavior (per 9-25-15 note). The injured worker walks and exercises with light weights on a daily basis per the 11-5-15 note. Treatments to date include transcutaneous electrical nerve stimulator unit; medications: Norco, Neurontin, omeprazole, Colace, Flexeril (since at least 3-12-15). The request for authorization dated 11-2-15 was for Flexeril 7.5mg #60 with 2 refills. On 11-14-15 Utilization review non-certified the request for Flexeril 7.5mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Flexeril 7.5 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in January 2007 when he had left leg pain after jumping from a transport truck that he felt was starting to move. In April 2009, he underwent a left L5/S1 microdiscectomy. He continues to be treated for chronic low back pain with left lower extremity radiculopathy and secondary depression and anxiety. In March 2015, medications included Flexeril. Medications were decreasing pain from 10/10 to 6/10. In September 2015 he had used TENS before which had been helpful but he did not currently have a TENS unit. Physical examination findings included increased tenderness with spasms and decreased range of motion. Straight leg raising was positive bilaterally. He was moving slowly and appeared uncomfortable. A trial of TENS was requested. Medications were continued including Flexeril. When seen in October 2015, medications and TENS were helping with pain. Physical examination findings were unchanged. Medications prescribed included Flexeril 7.5 mg #60 with two refills.Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not medically necessary.