

Case Number:	CM14-0166094		
Date Assigned:	10/13/2014	Date of Injury:	07/21/2008
Decision Date:	11/13/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a date of injury on 7/21/08. The listed diagnoses are: lumbar spine sprain/strain and lumbar spine herniated nucleus pulposus (HNP). Reported treatment has consisted of activity modifications, opiate analgesics and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg; 1 tab oral Q 8-12 hrs PRN spasm #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines do not apply to this request, therefore the Official Disability Guidelines and the California Chronic Pain Medical Treatment Utilization Schedule (MTUS) have been applied. According to the cited guidelines, the use of non-sedating muscle relaxants is recommended with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in injured

workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs (NSAIDs). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Upon review of the submitted clinical notes, the injured individual has been taking muscle relaxants (Robaxin) on a regular basis since 2013. The submitted request is for 90 tablets with 3 refills, which means the plan is to continue with regular use and not just for acute exacerbation of spasm. The cited guidelines do not support the chronic routine use of muscle relaxants.