

Case Number:	CM14-0172617		
Date Assigned:	10/23/2014	Date of Injury:	06/01/2013
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine & Rehabilitation 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 47-year-old female who reported an injury on 06/01/2013 when she twisted her back as she was lifting a heavy item in the store. She developed pain in her low back that radiated into the lower extremities. Diagnoses were low back pain, lumbar disc disease per injured worker's account, and lumbar radiculitis. Past treatment was medication. The injured worker was supposed to undergo lumbar epidural steroid injections, but had to cancel the appointment because she had an upper respiratory tract infection and her blood sugars were not well controlled at the time. The injured worker had an MRI of the lumbar spine on 12/09/2013 that revealed disc bulges at the L3-4, L4-5, and L5-S1 that caused indentation of the anterior thecal sac. No evidence of nerve root compression and No neural foraminal narrowing. The physical examination dated 09/15/2014 revealed complaints of constant low back pain. The pain radiated to the back of the injured worker's thighs. She also complained of on and off numbness in her feet. The pain was graded a 9/10 without the pain medications, and a 3/10 with the pain medications. The examination revealed straight leg raising was negative bilaterally. There was tenderness over the bilateral lumbosacral paraspinal muscles. There was no muscle spasms reported on palpation. Medications were Norco 10/325 mg 1 tablet 3 times a day as needed, and cyclobenzaprine 7.5 mg 1 tablet twice a day as needed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

Decision rationale: The decision for Flexeril 7.5 mg quantity 60 is not medically necessary. The California Medical Treatment Utilization Schedule states Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. There was no documentation of objective functional improvement from taking this medication. Also, the request does not indicate a frequency for the medication. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.