

Case Number:	CM14-0084564		
Date Assigned:	07/21/2014	Date of Injury:	08/27/2009
Decision Date:	09/25/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 33 year old female injured on 08/27/09 due to undisclosed mechanism of injury. Diagnoses included lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial pain, and neuropathic pain. Clinical note dated 04/18/14 indicated the injured worker presented complaining of low back pain radiating into left buttock and thigh rated 6.5/10 with medication and 7.5/10 without use of medication. Objective findings included vital signs, height and weight of 5'3", 176 pounds, BMI 31, 37.4%. There was no additional objective findings provided for review. Urine drug screen on 02/11/14 was positive for codeine and morphine. Lumbar epidural steroid injection on 09/27/13 provided greater than 50% relief for greater than eight weeks. The injured worker was utilizing Tylenol #3 for daily pain relief and switched to Nucynta in the event of severe flare. Treatment plan included request for lumbar epidural steroid injection, and ongoing drug compliance. Prescription for Nucynta, Anaprox, fluriflex, Theramine, Tylenol, Flexeril provided. The injured worker to discontinue Ketoflex ointment. The initial request for Flexeril 240g was non-certified on 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 240gm: Upheld

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

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended 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 patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no discussion regarding the use of this medication. As such, the medical necessity of Flexeril 240gm cannot be established at this time.