

Case Number:	CM14-0216031		
Date Assigned:	01/06/2015	Date of Injury:	04/12/2004
Decision Date:	03/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Physical Medicine & Rehabilitation

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 45 year old male who sustained a work related injury April 12, 2004. Past medical history included diagnoses of hypertension gastroesophageal reflux, gastritis, high cholesterol and lower back surgery in 2008, undescribed. According to a physician's treating report dated November 18, 2014, the injured worker presented with complaints of chronic low back pain, described as sharp, shooting, and radiating to the bilateral lower extremities. Physical examination of the thoracolumbar area reveals normal contour and he walks on heels with difficulty due to pain. There is paralumbar spasm 2+ tenderness to palpation bilaterally. On forward flexion he is able to reach to his knees. Lateral bending to the right is 0-10 degrees, left 20-30 degrees with pain. Extension measures 0-10 degrees, right and left resisted rotation is diminished, and straight leg raise is positive at 40 degrees bilaterally. Range of motion of the spine is limited secondary to pain. Lower extremity deep tendon reflexes are absent at the ankles, sensation to light touch is decreased on the right and left and in the lateral and dorsal foot. Motor strength of the lower extremities measures 5/5 all groups bilaterally. Diagnoses are documented as low back pain, lumbar disc displacement, lumbar radiculopathy, and post laminectomy syndrome of the lumbar region. Treatment plan included refilling/authorizations for medications, and counseling on medications and therapeutic exercise. There are no x-ray, MRI, or surgical procedure reports present in this medical record. Work status revealed as off work since April 2004. According to utilization review performed November 25, 2014, Norco, Fentanyl, Diclofenac, Cimetidine, Carafate, and Neurontin were certified. Flexeril 7.5mg #60 was non-certified. Citing MTUS Guidelines, muscle relaxants are recommended with caution as a second

line option for short term treatment of acute exacerbation's in injured workers. With chronic low back pain however, they show no benefit beyond NSAID'S in pain and overall improvement. Efficacy diminishes over time and prolonged use may lead to dependence. The injured worker has been on Flexeril for at least four months, which is not recommended by the guidelines. Therefore, the Flexeril is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for Flexeril 7.5 MG #60. The MTUS Guidelines page 63 regarding muscle relaxants states, recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Review of the medical file indicates that the patient has been utilizing this medication since May 22, 2014. In this case, MTUS supports the usage of Flexeril for a short course of therapy, not longer than 2 to 3 weeks. The requested medication IS NOT medically necessary.