MAXIMUS Federal Services

Case Number:	CM15-0008632		
Date Assigned:	01/26/2015	Date of Injury:	09/20/2006
Decision Date:	03/12/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on September, 20, 2006. He has reported pain to the low back, right ankle, and left knee and has been diagnosed with discogenic lumbar condition, ankle inflammation status post cortisone injection, and internal derangement of the knee on the left. Treatment to date has included medication, injections, acupuncture, and physical therapy. The physical examination reveals tenderness across the lumbar paraspinal muscles, pain with lumbar facet loading, and diminished sensation in the region of the right-sided S1 dermatome The treatment plan included medications, ice, heat, bracing, continued use of Norco and TENS unit. On January 7, 2015 Utilization Review non certified flexeril 7.5 mg # 30 citing the MTUS guidelines. The injured worker has been treated with flexeril continuously since 10-29-2014. Reduced quantities of flexeril have been certified for weaning purposes since 12-30-2014.

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 Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g.,amitriptyline. It is recommended as an option, using a short course of therapy, generally not more than 2-3 weeks. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; 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. In this instance, Flexeril has been in continuous use for a duration that exceeds the guideline recommendations and consequently Flexeril 7.5mg #60 is not medically necessary.