

Case Number:	CM15-0010292		
Date Assigned:	01/27/2015	Date of Injury:	10/27/2001
Decision Date:	03/20/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/18/2015

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: Texas, California

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 was a 44 year old male, who sustained a work related injury, October 27, 2001. The injured workers chief complaint was low back pain. The injured worker was diagnosed with L5-S1 disc disease with grade 1 stable spondylolisthesis, spinal stenosis and bulge disc and L4-L5 disc desiccation with annular tear, lumbar facet syndrome, multiple sclerosis with optic neuritis and legal blindness, and depression. The injured worker was treated with Norco, Flexeril, Butrans patches and home exercise program. Per the doctor's note dated 12/31/14 patient had complaints of low back pain. Physical examination revealed normal gait, 5/5 strength, normal sensation and negative SLR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain).

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

Decision rationale: Request: Flexeril 10mg #180 Cyclobenzaprine is a muscle relaxant. Regarding the use of skeletal muscle relaxant CA MTUS guidelines cited below state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Cyclobenzaprine is recommended for a short course of treatment for back pain. Physical examination revealed normal gait, 5/5 strength, normal sensation and negative SLR. Any significant functional deficits that would require Flexeril 10mg #180 was not specified in the records provided. Patient had sustained a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. Furthermore as per cited guideline skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. Therefore it is deemed that, this patient does not meet criteria for ongoing continued use of Flexeril 10mg #180. The medical necessity of Flexeril 10mg #180 is not established for this patient.