

Case Number:	CM15-0012917		
Date Assigned:	01/30/2015	Date of Injury:	06/01/2007
Decision Date:	03/19/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey

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 (IW) is a 34 year old male, who sustained an industrial injury on June 1, 2007. He has reported left sided low back pain, left hip pain and left lower leg pain and was diagnosed with lumbar degenerative disease, post lumbar facet osteoarthropathy and dyspepsia. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, surgical intervention, steroid injections and treatment modalities. Currently, the Injured Worker complains of low back, hip and left lower extremity pain. The injured worker reported an industrial injury in 2007, resulting in chronic low back pain. He was treated with conservative therapies and surgical interventions without resolution of the pain. On January 8, 2015, evaluation revealed continued pain as previously noted. He reported worsening pain since the request for pain medication was not approved. He reported needing pain medications to perform his job duties. On January 14, 2015, Utilization Review non-certified a request for Flexiril 10mg #60, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 19, 2015, the injured worker submitted an application for IMR for review of requested Flexiril 10mg #60 modified to Flexiril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexiril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain).

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there is evidence showing the worker using muscle relaxants (Skelaxin) chronically leading up to this request, and more recently being recommended Flexeril after being advised to discontinue the Skelaxin. There was no evidence found in the notes available for review to show an acute flare-up of low back pain/spasm at the time of this request which might have justified a short course of Flexeril. However, the number of pill request and history suggest that this request was for the purpose of continuing chronic use of muscle relaxants, which is not recommended. Therefore, the Flexeril will be considered medically unnecessary.