

Case Number:	CM15-0014265		
Date Assigned:	02/02/2015	Date of Injury:	03/27/2014
Decision Date:	03/19/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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: Arizona, 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 is a 37 year old female, who sustained an industrial injury on 03/27/2014. The diagnoses have included status post C5-6 cervical fusion, lumbosacral sprain/strain, L4-5 and L5-S1 lumbar disc herniation, and left sided sciatica with radiculopathy. Treatments to date have included epidural steroid injection, surgery, physical therapy, and medications. Diagnostics to date have included urine drug screen dated 11/19/2014 was negative for prescribed Norco and lumbar spine MRI on 10/30/2014 which showed multilevel degenerative disk disease at L5-S1 and disc bulge with superimposed 2mm central disc protrusion with radial tear. In a progress note dated 11/18/2014, the injured worker presented with complaints of pain in the low back. The treating physician reported that nothing has helped the injured worker but rest and medication. Utilization Review determination on 01/15/2015 non-certified the request for Flexeril 5mg at bedtime citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril
Page(s): 63.

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with Norco for over 2 months. Continued and prolonged use of Flexeril is not medically necessary.