

Case Number:	CM15-0015521		
Date Assigned:	02/03/2015	Date of Injury:	06/16/2003
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33 year old male sustained a work related injury on 06/16/2003. According to a progress report dated 12/30/2014, the injured worker reported no significant change in his low back pain and left leg pain. He had continued left leg weakness. The provider noted that Flexeril helped with painful muscle spasms. Objective findings included tightness and tenderness to palpation of bilateral lumbosacral paraspinal muscles. Medication regimen included Nucynta, Flexeril, Daypro, Valium, Miralax, Lyrica, Atarax, Abilify, Buspar, Senekot S, Cymbalta and a topical analgesic. Diagnoses included lumbosacral disk injury, lumbosacral radiculopathy and chronic pain syndrome with depression. Flexeril was prescribed for spasms/neuropathic pain. According to a previous office visit on 08/26/2014, the injured worker was taking Flexeril and reported that it helped with muscle spasms and was much less sedating than Zanaflex. On 01/15/2015, Utilization Review non-certified Flexeril 10mg tab #150. The reason for the decision was not included with the records submitted. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Tab #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41; 63-64. Decision based on Non-MTUS Citation EpocratesOnline

Decision rationale: The injured worker sustained a work related injury on 06/16/2003. The medical records provided indicate the diagnosis of Lumbosacral disk injury, lumbosacral radiculopathy and chronic pain syndrome with depression. Treatments have included Nucynta, Flexeril, Daypro, Valium, Miralax, Lyrica, Atarax, Abilify, Buspar, Senekot S, Cymbalta and a topical analgesic. The medical records provided for review do not indicate a medical necessity for Flexeril 10mg Tab #150. Flexeril(Cyclobenzaprine) is a muscle relaxant. The MTUS states that the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The MTUS recommends brief treatment; while the Epocrates online, recommends it should not be use for longer than 2-3 weeks. The dose is 5-10mg orally three times daily.