

Case Number:	CM15-0019271		
Date Assigned:	02/09/2015	Date of Injury:	04/04/2008
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 4/04/2008. The date of injury per the Primary Treating Physician's Progress Report dated 1/12/2015 lists the date as 10/10/2010. The diagnoses have included spinal stenosis lumbar, lumbago and cervical spondylosis without myelopathy. Treatment to date has included water exercise, medications and activity modification. Currently, the IW complains of pain in the lower back rated as 1-2/10. Objective findings included some tenderness at the lumbosacral junction extending along the right pelvic crest. Good range of motion flexion extension lumbar spine. Seated straight leg raise test is negative. On 1/21/2015, Utilization Review modified a request for Flexeril, noting that the guidelines recommend only short term use for this medication. The MTUS and ACOEM guidelines were cited. On 1/22/2015, the injured worker submitted an application for IMR for review of Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: This patient presents with back pain and spasms. The treater is requesting FLEXERIL. The RFA was not made available for review. The patient's date of injury is from 10/10/2010, and her current work status is permanent and stationary, no longer working. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants -amitriptyline-. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient has been taking cyclobenzaprine prior to 01/12/2015. The 01/12/2015 report shows that she is planning to get back into her water exercises which help a great deal with her back pain. She continues to be symptomatic with her pain in the right lower back at a rate of 1/10 to 2/10. There is some tenderness at the lumbosacral junction extending along the right pelvic crest. Good range of motion upon flexion and extension of the lumbar spine. DTRs are intact in the lower extremities. In this case, while the treater reports spasms, there is no indication of a recent flareup of symptoms. Furthermore, the quantity was not specified for the request. The request IS NOT medically necessary.