

Case Number:	CM15-0115180		
Date Assigned:	06/23/2015	Date of Injury:	07/29/2013
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: Connecticut, California, Virginia
 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 is a 30 year old male with a July 29, 2013 date of injury. A progress note dated May 14, 2015 documents subjective complaints (lumbar spine pain decreased with chiropractic treatment; pain was rated at a level of 8/10, currently 6/10; bilateral lower extremity radicular pain continues; muscle spasm; stress, anxiety, depression, and sleep disturbance), objective findings (difficulty rising from sitting; moves about with stiffness), and current diagnoses (lumbar spine radiculopathy and multilevel disc bulge, bilateral neural foraminal narrowing). Treatments to date have included electromyogram that showed left L4-5 radiculopathy; chiropractic treatments, medications, and a magnetic resonance imaging of the lumbar spine on October 22, 2013 that showed mild to moderate bilateral L4-L5 and L5-S1 neural foraminal narrowing causing mild deformity at the exiting bilateral L4 and L5 nerve roots, and laterally directed disc and osteophyte disease mildly effacing the exiting bilateral L5 nerve roots in the extraforaminal zone. The medical record indicates that medications help with pain, sleep, and muscle spasms. The treating physician documented a plan of care that included Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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

Decision rationale: The MTUS addresses use of Flexeril, recommending it as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on the drug previously, Flexeril is not medically necessary.