

Case Number:	CM15-0116767		
Date Assigned:	06/25/2015	Date of Injury:	12/31/1991
Decision Date:	07/31/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/17/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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:

The injured worker is an 87 year old female who sustained an industrial injury on 12/13/1991. She reported low back pain. The injured worker was diagnosed as having lumbar disc displacement, lumbar facet arthropathy, and lumbar radiculopathy. Treatment to date has included medications, home care assistance, and electrodiagnostic studies. The request is for Flexeril. On 12/3/2014, she complained of low back pain with radiation into the lower extremities, left greater than right. She rated her pain average as 4-6/10 with medications, and 7-9/10 without medications. She indicated her pain to have been worsened since her last visit. Work status was noted as not working/retired. The provider renewed prescriptions for Capsaicin 0.025%, Flexeril, and Hydrocodone/APAP; and prescribed Ibuprofen 10% ointment. In February 2015, she is reported to be attempting to reduce Norco. In March 2015, she reported that her current medications are helpful and give her 60% improvement with functional improvement noted to include: brushing teeth and dressing. Her medications are listed as: Flexeril, Hydrocodone/APAP, and Voltaren gel. On 4/28/2015, she had continued complaint of low back pain with radiation down the lower extremities. She rated her pain as 3-6/10 with medications, and 6-8/10 without medications, and indicated her pain to be unchanged from the last visit. Ongoing activity of daily living limitations including limitations in self-care and hygiene, activity, and ambulation were noted. Physical examination revealed spasm and tenderness in the low back region, with a positive straight leg raise test bilaterally. The treatment plan included Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril tab 5 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page (s): 41-42, 63-66.

Decision rationale: The CA MTUS guidelines recommend muscle relaxants only for short term use of no longer than 2-3 weeks, and only as a second line option. Muscle relaxants are found to be most effective in the first 4 days with efficacy diminishing over time. In most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory agents (NSAIDs) and no additional benefit when used in combination with NSAIDs. The records do not indicate specific efficacy regarding the utilization of Flexeril. Work status remains not working/retired, there was no documentation of improvement in specific activities of daily living as a result of use of flexeril, and office visits have continued at the same monthly frequency. In addition, the records indicate the injured worker has been utilizing Flexeril for more than four months, which is in excess of the short term 2-3 week recommendation as per the CA MTUS guidelines. Therefore, the request for Flexeril tab 5 mg #45 is not medically necessary.