

Case Number:	CM15-0122359		
Date Assigned:	07/06/2015	Date of Injury:	07/17/1989
Decision Date:	09/02/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 a 52 male, who sustained an industrial injury on July 17, 1989. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having degenerative disc disease lumbosacral spine with myofascial pain, right lumbar radiculopathy, and lumbar facet arthropathy, and bilateral sacroiliitis, right greater than left. Diagnostic studies were not included in the provided medical records. Treatment to date has included topical pain and muscle relaxant medications. There were no noted previous injuries or dates of injury, and no noted comorbidities. On May 5, 2015, the injured worker complains of continued lumbar spine pain. He continues to work full time. The physical exam revealed lumbar spine flexion to 90 degrees and extension to +10 degrees with minimal pain. The treatment plan includes continuing Flexeril 10 mg every 8 hours, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: 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; 63-66.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". The combination of muscle relaxants with non-steroidal anti-inflammatory drugs has shown no additional benefit. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The CMTUS guidelines recommend Cyclobenzaprine (Flexeril) for short-term treatment (no longer than 2-3 weeks) to decrease muscle spasms in the lower back. The medical records show that the injured worker is to continue taking cyclobenzaprine, but it is unclear on how long the injured worker has been taking Flexeril. In addition, there is a lack of documentation muscle spasm in the lower back. Therefore, the cyclobenzaprine is not medically necessary.