MAXIMUS Federal Services

Case Number:	CM15-0122548		
Date Assigned:	07/06/2015	Date of Injury:	09/13/2004
Decision Date:	09/09/2015	UR Denial Date:	06/10/2015
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: Emergency 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 62 year old male, who sustained an industrial injury on 9/13/2004. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar spine radiculopathy secondary to discogenic disease. Treatment to date has included medications, injections, magnetic resonance imaging of the lumbar spine (3/24/2015). The request is for medication: Flexeril 10 mg; one at bedtime; unspecified quantity. Several pages of the medical records have handwritten information which is difficult to decipher. On 6/19/2014, he was noted to have low back pain complaints. The treatment plan included: continuing the current medications of Percocet, Gabapentin, and Ibuprofen, and giving a vitamin B12 injection. On 3/10/2015, he reported increased low back pain. He is noted to have a positive straight leg raise test. The treatment plan included increasing the Percocet dose and an epidural block. On 4/2/2015, he complained of low back pain with radiation down both legs. He rated his pain as 4/10 when it's good and 7/10 on a really bad day. He reported using Vicodin and heat for therapy. He denied weakness or numbness. He indicated his pain increased with ambulation and sitting. The treatment plan included: bilateral median branch facet blocks. His current medications are: Percocet, Flexeril, Voltaren, Prozac, Prilosec, Zantac and Norco. On 5/12/2015, he is noted to complain of low back pain. Physical findings revealed tenderness in the low back, and tenderness in the sciatic area. The treatment plan included: Percocet, Flexeril, Tramadol, and a repeat epidural block. The records do not indicate his work status, or functional status. The records indicate he has been utilizing Flexeril since at least January 2015, possibly longer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg; one at bedtime; (unspecified quantity): 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 Muscle relaxants; Cyclobenzaprine (Flexeril) Page(s): 63-66, 41-42.

Decision rationale: Per the CA MTUS guidelines, Flexeril (Cyclobenzaprine) is recommended as an option, using a short course of therapy. Cyclobenzaprine (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. Treatment should be brief. The records indicate long-term use of Flexeril with no indication of continuing issues with muscle spasms. In addition, the records do not indicate the efficacy with the utilization of Flexeril. The utilization of Flexeril is in excess of the short course of therapy recommended by the CA MTUS. Therefore, the request of Flexeril 10 mg; one at bedtime; (unspecified quantity) is not medically necessary.