

Case Number:	CM15-0129838		
Date Assigned:	07/16/2015	Date of Injury:	09/08/2012
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old female, who sustained an industrial injury on 9/8/12. The injured worker has complaints of lower back pain that radiates down to both of the legs. The documentation noted that there is tenderness to palpation of the bilateral S1 (sacroiliac) joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes and there is muscle spasm of the lumbar paravertebral muscles. The documentation noted that straight leg raise causes pain bilaterally. The diagnoses have included lumbar spine sprain, strain, and lumbar spine radiculopathy. Treatment to date has included physical therapy; acupuncture; injections; naproxen; cyclobenzaprine pantoprazole and norco. The request was for flexeril 7.5mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in September 2012 and continues to be treated for radiating low back pain. She has a diagnosis of post-laminectomy syndrome and underwent a spinal cord stimulator implantation on 03/18/15. Her history included two lumbar surgeries with a fusion in November 2013. When seen, there was an antalgic gait. There were thoracic and lumbar paraspinal muscle spasms. There was lower lumbar facet tenderness and painful and decreased range of motion. Flexeril was being prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.