

Case Number:	CM15-0169207		
Date Assigned:	09/09/2015	Date of Injury:	01/02/2014
Decision Date:	12/16/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 35 year old male, who sustained an industrial injury on 1-2-2014. Medical records indicate the worker is undergoing treatment for lumbar strain, lumbar radiculitis and lumbar disc protrusion. The injured worker also reports ill effects from Soma and Tizanidine and is requesting a different muscle relaxant. A recent progress report dated 7-22-2015, reported the injured worker complained of low back pain, rated 5-6 out of 10 with medications. Physical examination revealed positive straight leg raise test on the right side and tenderness to the lumbar 4 - sacral 1. Treatment to date has included physical therapy and medication management. On 7-22-2015 the Request for Authorization requested Flexeril 7.5mg #30- this is a new prescription. On 8-3-2015, the Utilization Review noncertified the request for Flexeril 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril 7.5mg #30 is not medically necessary.