

Case Number:	CM15-0172556		
Date Assigned:	09/14/2015	Date of Injury:	01/24/2013
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 1-24-13. The injured worker was diagnosed as having right L5-S1 radiculopathy with right L5 weakness; L4-L5 and L5-S1 disc protrusion; Moderate L4-L5 central stenosis; lumbar facet joint arthropathy. Treatment to date has included physical therapy; lumbar transforaminal epidural steroid injection (8-1-13); medications. Diagnostics studies included Epidurography (5-9-13). Currently, the PR-2 notes dated 7-16-15 indicated the injured worker complains of bilateral low back pain radiating to right buttock, right post thigh and post calf with numbness of foot and presents on this date for a physical assessment. Exacerbating factors are noted by the provider as prolonged sitting, standing, lifting, twisting, driving, any activities, lying down, coughing, sneezing and bearing down. The provider documents the injured worker is on Celebrex and Flexeril but no indication of when the injured worker started these medications as treatment. The injured worker is said to be working with modified duty. On physical examination, the provider documents tenderness upon palpation of the lumbar paraspinal muscles with positive lumbar spasms. He notes "the lumbar ranges of motion were restricted by pain in all directions. Lumbar flexion was worse than lumbar extension." The "cervical ranges of motion were restricted by pain in all directions. Cervical extension was worse than cervical flexion." He reports lumbar discogenic provocative maneuvers were positive bilaterally. Straight leg raise was positive on the right but negative he notes on the left. The provider's treatment plan indicates he is waiting on a response to the denial of repeat lumbar transforaminal epidural steroid injections to treat the injured workers right lumbar radiculopathy with right lower extremity weakness. He is also requesting medication

refill authorization. A Request for Authorization is dated 9-1-15. A Utilization Review letter is dated 7-30-15 and non-certification was for Flexeril 10mg #60 with two refills. The requested treatment was denied for not meeting the CA MTUS guidelines Chronic Pain Medical treatment Guidelines. Utilization Review certified the requested Celebrex 200mg #60 with two refills. The provider is requesting authorization of Flexeril 10mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with two refills: 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): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.