

Case Number:	CM15-0177369		
Date Assigned:	09/18/2015	Date of Injury:	03/21/2014
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California

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 57 year old male, who sustained an industrial injury on 03-21-2014. He has reported injury to the low back. The injured worker has been treated for chronic lumbar spine strain; chronic lumbosacral facet syndrome, right; and chronic myofascial pain syndrome. Treatment to date has included medications, diagnostics, medial branch block, and physical therapy. Medications have included Naproxen, Neurontin, Flexeril, LidoPro ointment, and Omeprazole. A progress report from the treating physician, dated 08-04-2015, documented a follow-up visit with the injured worker. The injured worker reported that he had a medial branch block done on 06-26-2015; the low back pain was rated at 9 out of 10 in intensity, coming down to 4 out of 10 in intensity after the procedure; he is working; and he is taking medications with benefit. Objective findings included status post medial branch block with relief, making him a great candidate for rhizotomy; positive right lumbar spine facet maneuvers; decreased range of motion of the back by 10% in all planes; normal strength and reflexes of the bilateral lower extremities; negative straight leg raise; and there are positive spasms of the lumbar spine paraspinals. The treatment plan has included the request for Flexeril, dosage and quantity unspecified. The original utilization review, dated 07-21-2015, modified a request for Flexeril, dosage and quantity unspecified, to Flexeril 7.5 mg three times a day as needed #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril, dosage and quantity unspecified: 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).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril in combination with NSAIDS for several months. The claimant still required invasive procedures for pain relief. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.