

Case Number:	CM15-0178201		
Date Assigned:	09/18/2015	Date of Injury:	06/06/2002
Decision Date:	10/22/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/10/2015

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 39 year old female, who sustained an industrial injury on June 6, 2002. The injured worker was being treated for back pain, chronic pain, thoraco or neuritis or radiculitis unspecified, myofascial pain, intervertebral disc disorder with myelopathy - unspecified region, and degeneration of lumbar or lumbosacral intervertebral disc. On August 4, 2015, the injured worker reports increased low back with left buttock and left leg burning pain after being without her medications including Cyclobenzaprine for 2 months as her insurance had not approved them. Records also indicate the injured worker was crying due to unbearable pain and worsening of her ability to care for herself and her daughter. The injured worker had been restarted on anti-epilepsy (Gabapentin), muscle relaxant (Flexeril since at least April 2015), proton pump inhibitor (omeprazole), and non-steroidal anti-inflammatory (Naproxen) on August 4, 2015. Medical records (September 1, 2015) indicate improvement low back with left buttock and left leg burning pain. The medical records (August 4, 2015 to September 1, 2015) show the subjective pain rating shows improvement of subjective pain rating shows from 7-8 out of 10 without medications from April 6, 2015 to 6 out of 10 with medications on September 1, 2015. Bending, stopping, squatting, and lifting aggravates her pain and rest, heat, ice, and her home exercise program help her pain. The physical exam (August 4, 2015 to September 1, 2015) reveals an antalgic gait, improved strength of the bilateral lower extremities, intact sensation, decreased pain to palpation of the bilateral sciatic notches, decreased tenderness to palpation of the bilateral sacroiliac joints, continued severe tenderness over the lumbosacral paraspinals, and continued increased pain with flexion and extension. Diagnostic studies were not included in the

provided medical records. Treatment has included a home exercise program and medications including topical pain (Lidocaine 5% patch), antidepressant (Trazadone), sleep (Zolpidem), anti-epilepsy (Gabapentin), muscle relaxant (Flexeril since at least August 2015), proton pump inhibitor (omeprazole), and non-steroidal anti-inflammatory (Naproxen). Per the treating physician (September 1, 2015 report), the injured worker is permanent and stationary. On September 2, 2015, the requested treatments included Flexeril 10 mg #90 with 3 Refills. On September 9, 2015, the original utilization review non-certified a request for Flexeril 10 mg #90 with 3 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG #90 with 3 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 but rather ongoing 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.