

Case Number:	CM15-0178877		
Date Assigned:	09/28/2015	Date of Injury:	09/24/2012
Decision Date:	11/03/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female, who sustained an industrial injury on 9-24-12. The injured worker was diagnosed as having lumbago and lumbar radiculopathy. The physical exam (3-17-15 through 7-16-15) revealed 10 out of 10 pain in the lower back and 7 out of 10 pain in the left lower extremity, "good" strength in her bilateral lower extremities and dorsal foot numbness. Treatment to date has included physical therapy and Flexeril (prescribed on 3-17-15). As of the PR2 dated 8-4-15, the injured worker reports bilateral low back pain, mostly off to the left side going down her left lower extremity consistent with the L5 nerve distribution. Objective findings include "decent" strength in her bilateral lower extremities and dorsal foot numbness. There is no documentation of current pain level or pain levels with and without medications. The treating physician requested Flexeril 10mg #60. On 8-7-15 the treating physician requested a Utilization Review for Flexeril 10mg #60. The Utilization Review dated 8-11-15, non-certified the request for Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg quantity: 60: 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: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2012 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Flexeril 10mg quantity: 60 is not medically necessary and appropriate.