

Case Number:	CM15-0076355		
Date Assigned:	04/27/2015	Date of Injury:	06/19/2013
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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 31 year old female, who sustained an industrial injury on 6/9/13. She reported low back pain. The injured worker was diagnosed as having low back pain, lumbar discogenic pain, L5-S1 annular tear, L5-S1 retrolisthesis, right L5 radiculitis of left leg with radicular symptoms, bilateral L5-S1 facet arthropathy with joint fluid, lumbar myalgia, chronic pain syndrome and fall causing mouth, teeth and right posterior arm pain. Treatment to date has included oral medications including opioids and muscle relaxants, heat, ice and activity restrictions. Currently, the injured worker complains of burning, aching and numbness across lower back bilaterally with burning pain into posterior legs and feet. She also has spasms and deep ache sensation in low back and rates the pain 7-8/10 without medication. She states she is no longer taking pain medication after falling during the night while on Norco. Physical exam noted tenderness over the L4-5 and L5-S1 facet joints and limited lumbar range of motion with a slightly antalgic gait and decreased sensation in the lateral and posterior aspect of right leg and bilateral posterior legs with tenderness over the lumbar paraspinal area with spasms. The treatment plan included bilateral L5-S1 medial branch blocks, cognitive behavioral therapy for pain management and Flexeril for spasms and pain at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Flexeril/Muscle Relaxants Page(s): 63.

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 for a months in combination with NSAIDS and opioids with persistent pain. Continued and long-term use is not medically necessary.