

Case Number:	CM15-0099434		
Date Assigned:	06/01/2015	Date of Injury:	04/17/2012
Decision Date:	07/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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 51 year old male injured worker suffered an industrial injury on 04/17/2012. The diagnoses included lumbar degenerative disc disease and lumbar radiculopathy. The injured worker had been treated with medications and epidural steroid injections. On 4/8/2015, the treating provider reported the prior epidural the pain decreased and he was able to flex and extend his back as well as twist at the waist with greater ease and less pain. The pain was 7/10 going to the toes on the left more than the right. On exam, there was bilateral tenderness and spasms with decreased range of motion and a slight limp. The treatment plan included Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril) Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Flexeril 7.5MG #60. RFA is dated on 05/11/15. Per 03/11/15 progress report, the patient returned to modified work on 12/31/14 with restrictions. The patient has been on blood pressure medication. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the treater requested for "Flexeril as a trial to decrease spasms." The treater does not indicate that this medication is to be used for a short-term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request IS NOT medically necessary.