

Case Number:	CM13-0009324		
Date Assigned:	09/11/2013	Date of Injury:	08/02/2000
Decision Date:	02/14/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty certificate in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 53-year-old male with date of injury of 9/02/2000. He was diagnosed with a herniated lumbar disc and lumbar radiculitis. He underwent EMG testing on 3/21/06 which showed evidence of chronic left L5-S1 radiculitis. He also underwent MRI of the lumbosacral spine in September 2006 which showed facet arthropathy and minor disc bulging without any evidence of neuro-foraminal stenosis or spinal stenosis. He also received H-wave electrical stimulation. His past treatment includes trigger point injections and medication management. Per 9/5/13 office visit notes, "His chief complaint is low back pain and posterior thigh pain predominantly. His low back pain is constant, worse with standing and walking and bending. His back pain is worse with lifting. His pain is made better with ice, heat and medication. Also pain is made better with the use of stretching and he has used a TENS unit in the past which was effective. The patient does have reduction in pain with his medication. He has improvement in ability to stand and walk and get up in the morning with Naproxen. He uses about two Norco per day. Without medication his pain level was about seven or 8/10; with medication it is about a 5/10. His ability to do activities of daily living including personal hygiene is improved with the use of the Naproxen as well as Norco. Additionally, this patient has muscle spasms. The patient's muscle spasms are incapacitating and the medication Flexeril does decrease muscle spasms dramatically." Objective findings were as follows: "In the lumbar spine, sensation is intact to light touch and pinprick bilaterally to the lower extremities. Straight leg raise test is negative. Spasm and guarding is noted in the lumbar spine. Lumbar Spine motor strength is 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallucis longus." Previously, at the 6/4/13 physical examination, the doctor noted, "He reports his pa

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril® (Cyclobenzaprine) 7.5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Muscle relaxants for pain Page(s): 41-42, 63-64.

Decision rationale: Cyclobenzaprine Hydrochloride 7.5mg #180 is not medically necessary. Per MTUS guidelines, "This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)." Additionally, guidelines state, "Cyclobenzaprine (Flexeril®, Amrix®, Fexmidâç, generic available): Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." From the documentation submitted for review, this patient has been on this medication much longer than the 2-3 week recommended period (since at least 3/22/12), and therefore Flexeril® is not medically necessary or appropriate.