MAXIMUS Federal Services

Case Number:	CM13-0022637		
Date Assigned:	11/13/2013	Date of Injury:	01/15/1976
Decision Date:	01/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 67-year-old male presenting with low back pain following a work-related injury on January 15, 1976. The claimant presented with low back pain and increased bilateral knee pain on August 22, 2013. The claimant's relevant medications include Neurontin 600 mg, Colace 250 mg, Zegerid 40 mg, quinine 324 mg, Flexeril 10 mg, Lexapro 20 mg and, oxycodone 15 mg. The enrollee has tried lumbar epidural steroid injections at L5-S1, lumbar facet medial branch radiofrequency neurotomy at L3, L4, L5 and sacral alar, lumbar facet injections at L2-3, L3-4, L5 6, and L5-S1, knee viscous supplementation injections Ã¿3, trigger point injections, and right L5-S1 translaminar epidural steroid injections. The claimant also participated in physical therapy for the knee. The claimant's response to spinal injections was not documented. The physical exam was significant for antalgic, slow, and wide-based gait requiring assistance with a cane; paravertebral muscle tenderness and tightness than on the left, Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms, restricted range of motion with flexion limited to 45Â° due to pain, extension limited to 10Â° due to pain, right lateral bending limited to 25Â° and left lateral bending limited to 15Â°. Exam of the knees were significant for effusion, limited motor testing due to pain, 1 out of 4 knee jerk on the left and bilateral 1 out of 4 ankle jerks on both sides, noted ulcers on bilateral lower limbs along tibial shaft with clear discharge as well as erythema along the edges. Lumbar MRI dated September 24, 2008 showed multilevel degenerative disc disease, bilateral neuroforaminal narrowing most prominent on the right at L4-5 and on the left L5-S1, narrowing of the central canal and the L2-3 and L3-4 levels, and spinal listhesis and scoliosis. Electromyography (EMG) was significant for left-sided acute on chronic S1 radiculopathy, right-sided chronic radiculopathy, diabetic neuropathy affect

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg tab SIG take 1 at bedtime as needed QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antispasmodics Page(s): 64.

Decision rationale: Flexeril 10mg one tab at bedtime # 30 is cyclobenzaprine. Flexeril is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long-term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary