

Case Number:	CM13-0028901		
Date Assigned:	03/17/2014	Date of Injury:	05/09/1997
Decision Date:	04/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty 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 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/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 date of birth was [REDACTED] and the date of injury was 5/9/97. The claimant developed back pain after lifting a heavy bucket. Ultimately he was referred to an orthopedic spine specialist. The claimant was told that he had three discs that were out of place. Surgery was offered to the claimant with a 50-50 chance of improvement. This was not carried out and the claimant did not receive further care between 1998 and 2011 when he contacted the insurance company and reopened this case, the claimant last worked in 9/12. There is documentation in March of 2013 of chiropractic therapy and muscle spasms with a positive straight leg raise on physical exam. There is a request for Flexeril 10mg #180. A 9/26/13 primary treating physician report states that the patient has continued pain in the the right side of the back radiating down the right leg. The pain is constant and stabbing and averages 9/10. He has tried Naproxyn with no relief. The patient states the orthopedic spine specialist wrote his Norco, Flexeril, Zanaflex originally. He states that pain radiates down his legs into his feet and is electric like. He denies trauma. Physical exam reveals that he walks with no assistive device. He has a mild antalgic gait. There is mild tenderness to touch along the exit of the sciatic nerve over the right buttock. There is 5/5 strength in the upper and lower extremities. There is decreased range of motion with extension flexion of the lumbar spine. There is increased tone and spasticity in the lumbar paraspinal musculature. There is full sensation upper and lower extremity. There is a hyperactive patellar reflex of right leg. The left leg was normal. The diagnosis includes low back pain, chronic low back pain, and bilateral lumbar radiculopathy. The patient had a psychiatric physician evaluation on 8/15/13 when the patient revealed that he had sharp shooting, throbbing, dull achy pain and difficulty sitting, standing or lying down for prolonged periods of time. He had complaints of right lower extremity weakness and cramps in the calves. Treatment to date is not

well documented. The physical examination shows diminished flexion and extension of the lumbar spine. There was difficulty and weakness on the left with heel and toe walking despite the claimant's complaints on the right. The doctor's impression was chronic pain syndrome and chronic low back pain with bilateral lumbar radiculopathy. There is documentation of a 9/25/13 EMG/NCS of the BLE which is normal. Documentation indicates that the patient has been on Flexeril since at least 1/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL (CYCLOBENZAPRINE HCL) 10 MG, QTY:180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th emergency department (ED), McGraw Hill, 2006. Physician's Desk Reference, 65 ed. www.RXList.com. - (ODG) Official Disability Guidelines Workers Compensation Drug Formulary, www.odg-twc.com/odg-

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 63-64.

Decision rationale: Flexeril (Cyclobenzaprine HCL) 10mg #180 is not medically necessary per the MTUS guidelines. This medication is recommended by the MTUS to be used for a short course of therapy and not recommended to be used for longer than 2-3 weeks. The documentation submitted indicates that the patient has been on this medication since at least January of 2013. The MTUS states that muscle relaxants can be used as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documentation submitted does not indicate that this medication is being used as a second-line option for short term acute exacerbation of chronic low back pain. Flexeril 10mg #180 is not medically necessary or appropriate.