

Case Number:	CM13-0051409		
Date Assigned:	12/27/2013	Date of Injury:	02/27/2004
Decision Date:	08/29/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/14/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 53 year old employee with date of injury of 02/27/2004. The medical records indicate the patient is undergoing treatment for cervical radiculopathy status post 04/27/2009 ACDF with instrumentation, status post 05/25/2010 C6-7 posterior spinal fusion, status post 2004 right carpal tunnel release. The subjective complaints include: poor quality of sleep, found Dilaudid to be ineffective and cause nausea and the patient's pain level is increasing. The objective findings include morbidly obese, normal gait, no assistive device, cervical spine reveals normal cervical lordosis and surgical scar, range of motion (ROM) is restricted with flexion and limited to 85 degrees with pain, spasm and tenderness on both sides of paravertebral muscles, right shoulder swelling, movement restricted by pain; flexion to 120 degrees; abduction to 110 degrees; passive and active elevation limited by pain; external rotation to 90 degrees, limited by pain, positive Hawkins's test, negative Speed's test, tenderness in acromioclavicular joint, biceps groove and coracoid process. The patient's motor testing limited by pain. The patient's grip strength on both sides 5/5, on BOTH SIDES: finger extensor, elbow flexor, wrist extensor, shoulder abduction, shoulder rotation are all 5/5, shoulder external rotation is 4/5 right, 5/5 left, abductor digiti minimi is 4/5 right, 5/5 left and abductor pollicis brevis is 4/5 both sides. Light touch sensory is decreased over little finger, ring finger on both sides. Reflexes: BOTH SIDES: biceps and brachioradial reflex is 2/4 and triceps reflex is 2/4 right and left. The treatment has consisted of physical therapy, Lisinopril, Levothroid; Detrol, Nncynta, Flexeril, Exalgo, Docusate Sodium, Topamax, Prilosec, Maxzide, Lexapro, Norco, Trazadone, and Flector patch. The utilization review determination was rendered on 10/4/2013 recommending non-certification of Flexeril 10 MG #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

Decision rationale: The MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), 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) Treatment should be brief. The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Up to date Flexeril also recommends Do not use longer than 2-3 weeks. Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Cyclobenzaprine. As such, the request for Flexeril 10 mg #60 is not medically necessary.