

Case Number:	CM13-0053280		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2010
Decision Date:	03/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice, and is licensed to practice in Texas. 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 patient is a 57-year-old male who sustained an injury on 01/05/2010 when he was pulling a drum of approximately 400 to 500 pounds when it slid down towards him, hitting him in the chest and abdomen and knocking him down. The patient reported immediate pain throughout his body and could not move his legs and arms. Upon examination, the patient was diagnosed with lumbosacral spondylosis, lumbosacral disc degeneration, sprain/strain of the arm, sprain of the ankle, sprain of the knee and leg and umbilical herniation possible; and he was placed off work. The patient underwent an MRI on 05/23/2013 of the lumbar spine, which had findings of circumferential annular prominence with modest lateral foraminal compromise at L4-5 and spondylosis with first degree spondylolisthesis with the bridging annulus compromising the exiting L5 roots in the left greater than right lateral foramen at L5-S1. The patient was evaluated on 11/18/2013 for complaints of pain to the left shoulder, right shoulder, neck, head, and upper back, mid back, low back and right ankle. The patient's diagnoses were noted as shoulder impingement syndrome, lumbar cervical strain or sprain, left ankle tear of the anterior talofibular cartilage, post-op acromioplasty right shoulder and left knee degeneration. The treatment plan was noted as to continue with pain management for medication. The documentation submitted for review did not indicate the patient's pain level on the VAS pain scale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg 1 p.o q.h.s #30 for symptoms related to cervical spine, right shoulder, lumbar spine, and left knee: 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 Edition. McGraw Hill, 2006. Physician's Desk Reference, 65 ed. www.RxList.com.- (ODG) Official Disability Guidelines Workers Compensation Drug Formulary, www.odg.twc.com/odgtwc/formulary.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41.

Decision rationale: The request for Flexeril 7.5 mg 1 by mouth at bedtime #30 for symptoms related to the cervical spine, right shoulder, lumbar spine and left knee is non-certified. The guidelines recommend the use of cyclobenzaprine as an option for a short course of therapy. The documentation submitted for review indicated that the patient had been taking the medication for longer than 4 weeks. Furthermore, the analgesic effect of the medication was not submitted for review. The guidelines recommend that the usage of cyclobenzaprine be limited to no more than 2 to 3 weeks. The guidelines further state that antispasmodics are used to decrease spasm in conditions such as lower back pain. The documentation submitted for review did not indicate that the patient suffered from spasms upon evaluation on 11/18/2013. As there was no indication for the medication usage, and the analgesic effect of the medication was not submitted for review; the continued usage of this medication is not supported. Given the above submitted for review, the request for Flexeril 7.5 mg 1 by mouth at bedtime #30 for symptoms related to the cervical spine, right shoulder, lumbar spine and left knee is non-certified.