

Case Number:	CM13-0055361		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2001
Decision Date:	04/28/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

From a neurosurgeon note dated 12/23/2013, this is a 46-year-old female who sustained a work related injury on June 7, 2001. The mechanism of injury is not documented. She had tried conservative management, but eventually had to undergo fusion of the L5-S1 level. This improved her symptoms somewhat, but the patient continued to experience pain. She later had a spinal cord stimulator implanted that actually made her pain worse. She has undergone multiple reprogramming attempts of the stimulator with little change in her symptoms. She reports that the distraction from the stimulation helps her lumbar pain and lower extremity pain referral, but her pain in the thoracic region increases with use of the stimulator. She states her pain is 8-10/10, aching, dull, throbbing, sharp, stabbing, burning, continuous presentation with intermittent elevated episodes. Her pain is in the lumbar region, buttocks, bilateral thighs, knee, below the knee bilaterally and into the right foot. She states she has continuous numbness, tingling and weakness of both her legs and feet with numbness noted in her upper and lower back. Her symptoms are improved by lying down, resting /limiting activities, frequently changing of positions, medications, ice and heat. She has tried anti-inflammatories, pain pills, muscle relaxants, physical therapy, traction, spinal cord stimulation and surgery. Her current medication regimen includes both Percocet (10/325) and Cyclobenzopriline (10mg).

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Flexeril 10mg, three times a day as needed, with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41-42.

Decision rationale: Cyclobenzaprine (Flexeril[®], Amrix[®], FexmidTM, generic available) is recommended for a short course of therapy as a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). It is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. Although the patient has continuously been taking Flexeril since at least August of 2013 to treat her continuous back discomfort, the MTUS Chronic Pain Guidelines recommend its use for 'a short term course of therapy as a skeletal muscle relaxant'. As it is intended for short term use, the patient's continuous use of the drug for the past 8 months is beyond short term. The request is therefore not medically necessary and appropriate.