MAXIMUS Federal Services

Case Number:	CM13-0070517		
Date Assigned:	01/03/2014	Date of Injury:	06/14/2006
Decision Date:	08/11/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 47 year-old male with a 6/14/03 date of injury. The patient is status post and anterior L4/5 fusion. The patient was seen on 11/26/13 with moderate to severe back pain radiating to the left leg. Exam findings revealed antalgic gait, lumbar spine tenderness, decreased range of motion, spasm, back pain on straight leg raise, normal lower extremity strength, tenderness over the L4/5 facets which caused tingling of the left foot. The patient recently had trigger point injections in October 2013 and stated he had improvements in activities of daily living, which lasted for three weeks. He states his pain with medications was a 6/10 and without was a 10/10 on visual analogue scale. He is noted to be on Norco, Cyclobenzaprine, and Gabapentin. The diagnosis is failed back syndrome, and lumbosacral neuritis. A 7/9/13 urine drug screen was positive for tricyclic antidepressants and opiates. The patient's treatment to date included physical therapy, medications, medial branch blocks, radiofrequency ablation, epidurals, functional restoration program, lumbar fusion to L5/S1 in May 2011, trigger point injections in October 2013. An adverse determination was received on 12/5/13 given the patient has been using this medication on a chronic basis and this medication is recommended for a short course of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG ONE TABLET BID-TID AS NEEDED #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that 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. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. This patient has a 2003 date if injury hand has been on this medication chronically. There is a lack of documentation regarding the utility and efficacy if this medication at this point. In addition, the duration of use exceeds the treatment guidelines. Therefore, the request for Cyclobenzaprine was not medically necessary.