

Case Number:	CM14-0102085		
Date Assigned:	07/30/2014	Date of Injury:	07/02/2007
Decision Date:	10/14/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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 Orthopaedic Surgery and is licensed to practice in California. 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 51-year-old female sustained an industrial injury on 7/2/07 relative to a trip and fall. Past medical history was positive for a history of paroxysmal atrial fibrillation and hypertension. The patient was diagnosed with a lumbar disc herniation at L4/5 with bilateral foraminal stenosis. She failed conservative treatment. She underwent a bilateral L4/5 laminotomy and partial facetectomy/foraminotomy for nerve root decompression with bilateral complete discectomy and posterior interbody fusion with instrumentation on 3/18/14. She developed a significant post-operative infection and was re-admitted to the hospital on 4/14/14 for debridement, drainage, PICC line, and long-term antibiotic therapy. The 5/7/14 treating physician progress report indicated that the patient had improved low back pain. She still had an open wound. Low back pain radiated into the bilateral leg and foot. Pain was 3/10 with analgesic medications and grade 8/10 without analgesic medications. Physical exam documented the patient ambulated with a walker with an antalgic gait pattern and she sat uncomfortably. The treatment plan included Flexeril, morphine, and Lyrica. Records indicated that the patient had been prescribed Cyclobenzaprine (Flexeril) 7.5 mg since at least 1/16/14 with continuation into the post-operative period. The 6/5/14 utilization review modified the request for Cyclobenzaprine (Flexeril) 7.5 mg #60 to 15 tabs to allow for weaning and discontinuation as there was no guideline support for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 63.

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

Decision rationale: The California MTUS guidelines recommend the use of Cyclobenzaprine (Flexeril) as an option, using a short course of therapy, in the management of back pain. Treatment should be brief. This medication is not recommended to be used for longer than 2 to 3 weeks. Additionally, guidelines state that this medication should be avoided in patients with arrhythmias. Guideline criteria have not been met for continued use. Records indicate that this medication has been prescribed since at least 1/16/14 with continuation into the post-operative period. There is no documentation of specific functional benefit associated with the patient's use of this medication. This patient has a history of cardiac arrhythmia. Given the absence of guideline support beyond 2 to 3 weeks or for patients with arrhythmias, discontinuation is indicated. Therefore, this request is not medically necessary.