

Case Number:	CM14-0105663		
Date Assigned:	07/30/2014	Date of Injury:	10/20/2012
Decision Date:	10/10/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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 Family Medicine 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:

The patient is a 52-year-old male who has submitted a claim for degenerative spondylosis of the lumbar spine and degenerative spondylosis of the cervical spine associated with an industrial injury date of October 20, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic low back and neck pain radiating to the right lower extremity and bilateral upper extremities, respectively. Examination revealed lumbar ROM at flexion of 60 degrees and extension at 15 degrees, presence of spasm in the lumbar paraspinals and gluteus muscles, presence of guarding of the right lower extremity, and a positive SLR raise test. There was no recent examination of the cervical area provided. Treatment to date has included Norco, Flexeril, Ibuprofen, Lidoderm patches and epidural steroid injection of the lumbar spine. Utilization review from June 10, 2014 denied the request for Flexeril 10mg #45 and Lidoderm patches #30. The request for Flexeril was modified to 15 tablets because this medication is generally indicated for short-term use for up to one month and the patient had been using it since 2012. The request for Lidoderm patches was denied because there is no evidence that the patient had tried and failed first-line medications including antidepressants and anti-seizure medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. In this case, the patient presented with a documented spasm of the lumbar spine and had been using Flexeril since 2012. The treatment period already exceeds that of the guideline recommendations and the rationale for deviating from the guidelines was not provided. Furthermore, despite the use of Flexeril, the patient still presented with spasms. The medical necessity for Flexeril was not established. Therefore, the request for Flexeril 10mg #45 is not medically necessary.