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| Case Number: | CM14-0136119 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 04/17/1992 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 New Jersey. 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 worker is a 70-year-old female who was injured on 4/17/1992. She was diagnosed with lumbar strain/sprain. She was treated with nightly sleep aids such as Ambien and nightly muscle relaxants, such as Flexeril, for the purpose of helping her reduce muscle spasms and sleep more soundly at night. She was also treated with opioid medications for her pain. On 7/14/2014, the worker was seen by her primary treating physician complaining of her continued low back pain, rated at 5/10 on the pain scale, which is much better with medications, but was having more anxiety and depression due to stress. Physical examination revealed tenderness at lumbar spine region, and decreased lumbar range of motion. She was recommended to continue her Flexeril, Ambien, and Norco and a new prescription for Cymbalta was written which was intended to help treat the worker's anxiety and depression that she had reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Flexeril 10mg Qty: 270: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics, 12th Edition McGraw Hill 2010.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the Flexeril seemed to have been used chronically at night for some time, according to the notes available for review. However, it is not a medication that is intended to be used in this manner, particularly for someone 70 years old, where the side effect risk may be greater. Therefore, continuing Flexeril is not medically necessary and is inappropriate.