

Case Number:	CM14-0139350		
Date Assigned:	09/05/2014	Date of Injury:	08/30/2013
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 40 year old male who was injured on 08/30/13 when he was handing a skylight to another construction worker and the other worker failed to grab the skylight, resulting in the patient being bent backward into a wall. Current diagnoses include myofascial pain syndrome with active triggers; thoracic spine pain; thoracic herniated disc, thoracic degenerative disc disease, and lumbar sprain/strain. The injured worker has had treatments that include back brace, physical therapy and medications. Clinical note dated 03/12/14 indicated the injured worker complains of stabbing mid back pain, rated as 6-7/10 on the pain scale, and some low back pain rated as 2/10 on the pain scale. He also indicated occasional left greater than right bilateral thigh numbness and tingling. Physical examination revealed tenderness over the thoracic spine and midline, and pointed to T6-T8 level as the source of greatest pain. Thoracic range of motion revealed flexion of 40 degrees, extension 5 degrees, right and left lateral rotation 10 degrees. Lumbar range of motion showed flexion of 40 degrees, extension 5degrees, right and left lateral bending 10 degrees. There was decreased sensation over the left L3 dermatome and about the left T6-T8 dermatomes. Motor strength was 4+/5 in bilateral psoas, quads and hamstrings. Clinical documentation indicated x-rays of the lumbar spine showed soft tissue swelling, decreased range of motion and degenerative disc disease at L2-L4. X-rays of the thoracic spine also reported soft tissue swelling, decreased range of motion and degenerative disc disease at T6-T12. Plan of management include recommendation for MRI of the thoracic spine to evaluate persistent severe mid back pain; chiropractic physiotherapy for the back and medications Norco 5/325mg, Flexeril 7.5mg, and LidoPro cream were provided. Clinical note dated 04/28/14 indicated the injured worker rated his thoracic and lumbar spine pain as 6-7/10. He indicated he has moderate to severe pain felt along the thoracic and lumbar paraspinals. Clinical note dated 05/15/14 indicated the injured worker complains of soreness across the

thoracic and lumbar spine, with mid back and low back pain rated as 6-7/10. Objective findings revealed bilateral thoracic and lumbar spine tenderness. Clinical note dated 07/09/14 indicated the injured worker complains of increased mid back pain which he rated as 8/10 on the pain scale. He described the pain as achy, dull, and constant "pulling sensation", radiating from the thoracic spine to the bilateral scapula. He also reported recurring spasms in the thoracic spine with increased activity. The injured worker also reported difficulty sleeping due to pain and discomfort. Pain is increased with heavy activity, and ice packs provide temporary relief. Clinical note dated 08/07/14 indicated the injured worker complains of pain in the neck without radiation to upper extremities. He notices popping and clicking, with no numbness/tingling/weakness. Pain level was rated as 7.5/10 on the average and 9/10 at its worse. Aggravating factors include house cleaning and picking up heavy objects, relieving factors include ice and chiropractic treatment. The previous request for Flexeril 10 mg #60 was certified with modification to #30, no refill, on 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity Drugs, Antispasmodics.

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. . Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication, Flexeril 10mg #60, cannot be established at this time.