

Case Number:	CM14-0139637		
Date Assigned:	09/05/2014	Date of Injury:	04/19/2008
Decision Date:	10/09/2014	UR Denial Date:	08/15/2014
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 Physical Medicine and Rehabilitation 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 injured worker is a 63 year old male who reported injury on 04/19/2008. The mechanism of injury was not provided. Diagnoses included discogenic lumbar condition, discogenic cervical condition, and chronic pain. The past treatments included the use of a cane, back brace, hot/cold wrap, neck pillow, transcutaneous electrical nerve stimulation unit, and facet block and radiofrequency ablation at the bilateral L4-5 and L5-S1. A lumbar MRI was performed in 2012, noting protrusions and facet arthropathies. Nerve studies of the upper extremities were unremarkable in 2012. The progress note dated 08/04/2014, noted the injured worker complained of pain shooting down his arms and legs, with numbness and tingling, stress, depression, and difficulty sleeping. The physical exam revealed positive facet loading, tenderness along the lumbar spine, flexion, extension and tilting to 20 degrees. Medications included MS Contin 15mg #30, and Vicodin 5/300mg #90. The treatment plan requested to add Neurontin 600mg #90, Naproxen 550mg #60, Flexeril 7.5mg #60, tramadol ER 150mg #30, so he may reduce the Vicodin, Protonix 20mg #60, and Trazodone 50mg #60, to use a neck traction device, a repeat cervical and lumbar MRI, and nerve conduction studies. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 #60: Upheld

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

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

Decision rationale: The injured worker had unmeasured pain shooting down his arms and legs, with numbness and tingling, stress depression, and difficulty sleeping. Tenderness to the lumbar spine, and limited range of motion were noted on the physical exam. The injured worker was prescribed MS Contin, and Vicodin, with the requested addition of Neurontin, Naproxen, tramadol ER, trazodone, and Flexeril. The California MTUS guidelines recommend Flexeril for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. Limited, mixed evidence does not allow for a recommendation for chronic use. Flexeril is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Dosing recommendation is for 5 mg three times a day, and can be increased to 10 mg three times a day. The addition of Flexeril to other agents is not recommended. The intended frequency of the medication was not included to determine medical necessity. The 7.5mg dose possibly exceeds the recommendation for initial dosing, and the amount supplied may extend past the recommended 2-3 week course of treatment. There is a lack of documentation indicating the injured worker has significant spasms upon physical examination. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request is not medically necessary.