

Case Number:	CM14-0147806		
Date Assigned:	09/15/2014	Date of Injury:	08/22/2000
Decision Date:	12/24/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/11/2014

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 Internal 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 injured worker sustained an industrial injury August 22, 2000. The injured worker is being treated for failed back surgery syndrome, chronic pain syndrome, status post posterior dynamic fusion at L3 - L4, status post 360 fusion L4 - L5 and L5 - S1 with residual back pain, lower extremity radiculitis, stenosis at L2 - L3 with facet hypertrophy, insomnia secondary to the industrial injury and pain, anxiety and depression, myofascial pain and spasticity of the lumbar spine, slightly elevated liver function tests of liver disease most likely secondary to medication, chronic neuropathic pain lower extremities, fibromyalgia syndrome, fatigue, status post spinal cord stimulator trial at T8 - T10 level moderate sprain/strain, cervical radiculopathy, 3.1 mm disc protrusion at C2 - C3 severe breakthrough pain, flare-up of lumbar spine pain and right shoulder pain status post fall, neuropathic pain, left lower extremity lumbar radiculopathy, left L5 - S1 mild neural foraminal stenosis. The injured worker is currently taking Norco and Flexeril which provides 50 to 60% relief with increased range of motion. He reports constipation and itching as side effects. Currently, he is not attending physical therapy. The spinal cord stimulator has helped about 50-60%. He reports increased pain in stomach with the stimulator. Physical examination is notable for positive straight leg raising test and paraspinal muscle tenderness and spasm. The treating physician refill Flexeril 10 mg 1 PM TID PRN for spasm #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Flexeril Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Flexeril

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #90 is not medically necessary. Muscle relaxants are recommended with caution 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. Efficacy appears to diminish over time and prolonged use of some medications may lead to dependence. In this case, the injured worker is being treated for neck pain that radiates to the right arm and constant low back pain that radiates into the lower extremities bilaterally. There is also constant right shoulder pain. Injured worker is taking Norco 10/325 mg every 4 to 6 hours and received #120. The injured worker has been taking Flexeril since November 2012. This duration is clearly in excess of what the guidelines allow. The longer the use, the greater the adverse effects. The greatest therapeutic effect is in the first four days of treatment. Consequently, based on the documentation and the length of time the injured worker has been taking Flexeril, a renewal for Flexeril 10 mg #90 is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Flexeril 10 mg #90 is not medically necessary.