

Case Number:	CM14-0153138		
Date Assigned:	10/27/2014	Date of Injury:	02/16/2004
Decision Date:	12/04/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 Osteopathic Family Practice, 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:

According to the medical records the patient is a 47-year-old male who sustained an industrial injury on February 16, 2004. The patient had a twisting injury to his low back while moving boxes of beer at a warehouse. He underwent lumbar fusion in 2008. He underwent SCS implantation in September 2009. He continues with back pain despite the use of spine cord stimulator. Regarding the cervical spine, cervical spine MRI showed significant facet arthritis, and the patient has undergone diagnostic medial branch blocks followed by RFA. The patient is diagnosed with chronic pain syndrome, lumbar disc displacement with radiculitis, lumbar fusion, cervical spondylosis without myelopathy, insomnia due to medical condition, diabetes mellitus type II, and abdominal pain. The patient was evaluated on August 20, 2014 at which time he reported no benefit from diagnostic and therapeutic left SI joint injection performed on June 25, 2014. He also complained of neck pain. He also complains of bilateral low back pain with radiation. He complains of chronic tingling in his digits #4 and 5 following left ulnar nerve surgery. He complains of weakness to his left arm. For the treatment of chronic pain syndrome, the patient was to continue cyclobenzaprine and ibuprofen. Request was also made for repeat radiofrequency lesion of the cervical spine. Utilization review dated September 8, 2004 non-certified the request for Flexeril 10 mg #30. The prior peer reviewer noted that the patient has been prescribed Flexeril since at least 2012 and has continued to complain of neck and low back pain. The prior peer reviewer noted that in addition to greatly exceeding the guidelines recommend the duration of use, there has been no recent documentation as to any pain or functional improvement with the use of Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Cyclobenzaprine (Flexeril) Page(s): 63 TO 66, 41.

Decision rationale: The examination narrative submitted for review notes that cyclobenzaprine is to be continued for the treatment of chronic pain syndrome. However, per the CA MTUS guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also note that efficacy of muscle relaxants appears to diminish over time, and prolonged use may lead to dependence. While this medication may be supported for short term in the event of an exacerbation, long term use is not recommended. The request for Flexeril 10mg #30 is not medically necessary.