

Case Number:	CM14-0157136		
Date Assigned:	09/30/2014	Date of Injury:	01/25/2007
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 Pain Management, 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 33-year-old male who sustained an injury on 1/25/2007. As per the 9/22/2014 report, the worker presented with ongoing low back pain which had significantly flared as he was without pain medication for a week secondary to advice by the emergency room physician who diagnosed him with costochondritis; the pain reached at 10/10 because of this. He also had intermittent left lower extremity radiating symptoms to above the thigh. As per the 7/28/2014 report, objectively, there was ongoing tenderness to the lumbar paraspinal muscles. The magnetic resonance imaging dated 8/11/2014 revealed disc desiccation and degeneration, disc protrusion, annular tear, and findings consistent with left spinal nerve root entrapment at L4-5 and disc protrusion and entrapment of the spinal nerve root at L5-S1. The electrodiagnostic study dated 7/25/2014 was consistent with an incomplete left S1 radiculopathy. He previously had left lumbar laminectomy. He is currently on Norco, Neurontin, omeprazole, Colace, and Flexeril. His average daily pain was at 5/10 and can flare up to 10/10 and comes down to 3/10 with medication and it allows him to carry on his activities of daily living. Flexeril was recommended recently for flare ups and owing to recent flare up; Flexeril was advised to be continued for any further flare ups. His diagnosis includes low back pain with history of discectomy. The request for retrospective for 7/28/2014 Flexeril 7.5mg #2 bottles was denied on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for 7/28/2014 Flexeril 7.5mg #2 bottles of 15: 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 (for pain); Cyclobenzaprine (Flexeril) Page(s): 63-64; 41-42.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended as an option, using a short course of therapy. 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. Cyclobenzaprine is closely related to the tricyclic antidepressants, such as amitriptyline. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. In this case, there is little to no evidence the injured worker had substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use of Flexeril. Chronic use of this medication is not recommended. Therefore, the requested Flexeril is not medically necessary.