

Case Number:	CM14-0177973		
Date Assigned:	10/31/2014	Date of Injury:	01/05/2007
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 patient is an injured worker with lumbar radiculitis, lumbago, degeneration of lumbosacral intervertebral disc, low back and left leg pain. Date of injury was 01-05-2007. Mechanism of injury was falling from a broken chair. Primary treating physician progress report dated 6/6/14 documented subjective complaints of low back and left leg pain. She is taking Norco and Flexeril. Physical examination was documented. Sensation is intact, but diminished in the left L4 and L5 distribution. There is no clonus or increased tone. Sciatic notches are pain free to palpation. Sacroiliac joints are tender bilaterally. Patrick's sign and Ganslaen's maneuver positive bilaterally. There is tenderness over the paraspinals. There is increased pain with flexion and extension. Straight leg raise is positive on the left side. Diagnoses were lumbar radiculitis, lumbago, and degeneration of lumbosacral intervertebral disc, myalgia and myositis. The patient continues with low back and left leg pain. Treatment plan included epidural steroid injection and continuing medication management. Progress report dated 8/28/14 documented low back and left leg pain. Prescriptions included Norco 10/325 and Flexeril. Progress report dated 10/02/14 documented low back and left leg pain. Physical examination findings included lumbosacral tenderness, normal lower extremity strength, intact sensation, positive left straight leg raise. Prescriptions included Norco 10/325 and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine Flexeril; Muscle Relaxants Page(s): 41-42 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Flexeril (Cyclobenzaprine) for chronic conditions. Medical records indicate the long-term use of Flexeril, which is not supported by MTUS and FDA guidelines. The use of Flexeril is not supported by MTUS guidelines. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.