

Case Number:	CM14-0180216		
Date Assigned:	11/05/2014	Date of Injury:	09/20/1982
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Hospice Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 67-year-old woman with a date of injury of 09/20/1982. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/20/2014 and 09/30/2014 indicated the worker was experiencing worsening mid- and lower back pain that went into both legs and numbness with tingling in the legs. The worker reported significant improvement in the pain level with the use of pain medications but almost no functional improvement. The documented examination on 09/30/2014 described painful walking with a cane, moderate lower back muscle spasm, positive testing involving a straightened leg on both sides, decreased sensation along the L4 spine nerve on both sides, and no left knee reflex. The submitted and reviewed documentation concluded the worker was suffering from on-going lower back pain, on-going myalgia/myositis, and on-going sciatica. Treatment recommendations included continued oral pain medications, acupuncture, activity, and injected medications near the spine nerves and in the hip. A Utilization Review decision was rendered on 10/13/2014 recommending partial certification of fifteen tablets of Flexeril (Cyclobenzaprine) 10mg for weaning the medication off and non-certification for two refills and ninety tablets of etodolac 400mg one tablet orally twice daily as needed for pain with two refills. A supplemental report dated 09/18/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 tab po qhs pm spasm #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 67-71, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted documentation indicated the worker was experiencing worsening mid- and lower back pain that went into both legs and numbness with tingling in the legs. There was no discussion of the presence or absence of side effects possibly related to this medication, of benefit specific to its use, and the worker was also taking a second medication for the same purpose. While the Guidelines suggest an individualized taper of medications in this class, the documentation indicates the worker was taking this medication only occasionally and as needed. Therefore, additional medication for weaning should not be needed. For these reasons, the current request for thirty tablets of Flexeril (Cyclobenzaprine) 10mg 1 tablet orally before bed as needed for spasm with two refills is not medically necessary.

Etodolac 400mg 1 tab po bid pm pain #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Etodolac is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation concluded the worker was suffering from on-going lower back pain, on-going myalgia/myositis, and on-going sciatica. The worker also had high blood pressure that required medication for control and takes hormones, both of which separately increase the worker's cardiovascular risk. The worker reported significant improvement in the pain level with the use of pain medications, especially this one, but almost no functional improvement and only minimally improved quality of life. For these reasons, the current request for ninety tablets of

Etodolac 400mg one tablet orally twice daily as needed for pain with two refills is not medically necessary.