

Case Number:	CM14-0026311		
Date Assigned:	06/16/2014	Date of Injury:	04/21/2002
Decision Date:	08/12/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 64-year-old female who reported an injury on 04/21/2002 due to lifting a shopping cart that was lying on its side, twisting and noting low back pain. The injured worker is post-op lumbar decompression and fusion at L3-S1 in 2007 and lumbar laminectomy in 2002. The injured worker complained of back pain. The injured worker rated her pain at a 7/10 with medications and a 9/10 without medications. The physical examination dated 01/15/2014 revealed that the lumbar spine had a loss of normal lordosis with straightening of the lumbar spine and surgical scars. The range of motion was restricted, with flexion limited to 20 degrees and limited by pain, extension limited to 10 degrees and limited by pain, right lateral bending limited to 10 degrees, left lateral bending limited to 15 degrees, lateral rotation to the left limited to 5 degrees and lateral rotation to the right limited to 10 degrees. On palpation of the paravertebral muscles, spasms, tenderness and tight muscle bands were noted on both sides. Spinous process tenderness was noted also on L3, L4 and L5. The straight leg raise test was positive on both sides in the sitting position at 10 degrees. Babinski's sign was negative. Tenderness was noted over the sacroiliac spine. Motor strength was tested, but limited by pain. The reflexes of the deep tendons revealed that knee jerk was 1/4 on both sides, and ankle jerk was 1/4 on both sides. The injured worker has had several diagnostics, to include an MRI of the lumbar spine on 09/26/2013, an EMG/NCS on 09/10/2013, an x-ray of the lower spine on 02/08/2011, an x-ray of the left hip on 12/23/2009, a lumbar disco gram on 02/05/2007, an MRI of the lumbar spine with and without contrast on 09/09/2005 and an MRI of the lumbar spine on 05/28/2002. The injured worker has diagnoses of post lumbar laminectomy syndrome, radiculopathy and low back pain. Past treatments include the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, epidural steroid injections, physical therapy and medication therapy. Medications include Flexeril 7.5 mg for muscle spasms, Norco 10/325 mg, Zanaflex 2

mg, Oxycontin 10 mg, Gabapentin 600 mg tablet, Senokot 187 mg, and Miralax. The current treatment plan is for the pain medication regimen as it continues to be helpful to decrease the injured worker's pain and increase functional status. The Request for Authorization form was submitted on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG (DISPENSED 02/12/14), QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

Decision rationale: The injured worker complained of back pain. The injured worker rated her pain at a 9/10 without medications and 7/10 with medications. The California MTUS states that, Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, 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. This medication is not recommended to be used for longer than 2-3 weeks. The request submitted did not specify the duration and the frequency of the medication. There was no assessment regarding functional improvement as a result of the medication. In addition, there was no mention of a lack of side effects. It was noted in the report that the medication helped with deficits the injured worker had, but as per guidelines Flexeril is not recommended for long term use. Given the above, the request for the ongoing use of Flexeril is not supported by the California Medical Treatment Utilization Schedule Guidelines recommendations. As such, Flexeril 7.5 mg is not medically necessary.