

Case Number:	CM14-0029220		
Date Assigned:	06/25/2014	Date of Injury:	09/16/2003
Decision Date:	08/12/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 72-year-old male who reported an injury on 9/16/03. The mechanism of injury was not provided within the medical records. The clinical note dated 2/28/14 indicated diagnoses of lumbar disc displacement, lumbar radiculopathy, gastritis, hypertension, medication-related dyspepsia, deconditioned state, history of atrial fibrillation, status post pacemaker implant, history of gastric ulcers, status post pacemaker placement, status post seven lumbar spine surgeries, and history of thoracic granuloma. The injured worker reported low back pain that radiated down the left lower extremity, aggravated by activity. The injured worker reported frequent and severe muscle spasms in the low back and mid-back. His pain was rated at 8/10 with medications and 10/10 without medications. The injured worker reported the pain had worsened since his last visit. The injured worker reported activities of daily living were limited in the following areas: self care and hygiene, activity, ambulation, hand function, sleep, and sex. The injured worker reported falling twice with injury since the last visit. He was hospitalized approximately five days, and injured his left hip, rib, and lumbar spine. On physical examination of the lumbar spine, there were spasms noted in the bilateral paraspinal musculature. The injured worker had decreased sensation and strength bilaterally. Muscle strength was 4/10 in bilateral lower extremities, ankle, hip flexors and extensors, as well as the hip. The injured worker's prior treatments included diagnostic imaging, surgery and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #90 (for a 3 to 6 month period): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The California MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker reports low back pain rated at 8/10 with medications, rated at 10/10 without medications, and has reported that his pain has worsened. There is a lack of functional improvement with the use of this medication. In addition, Flexeril is recommended for short-term use. It was not indicated when the injured worker was prescribed Flexeril. However, the injured worker has been prescribed Flexeril since at least 2/28/14, and this exceeds the guidelines' recommendation for short-term use. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Flexeril is not medically necessary.