MAXIMUS Federal Services

Case Number:	CM14-0037145		
Date Assigned:	06/25/2014	Date of Injury:	10/17/2006
Decision Date:	08/14/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 10/17/2006, due to unknown mechanism. The injured worker complained of right foot pain with swelling and pain to the lower back, the characteristics of the pain listed as dull and sharp with the average pain rating at 6/10. There was occasional numbness and tingling in the left calf and foot. On the physical examination dated 06/13/2014, there was mild tenderness to palpation in the lumbar paraspinal muscles. Range of motion to the neck was limited. Manual muscle testing revealed the muscle strength was 5/5 throughout the upper extremities. The injured worker's diagnoses were herniated disc, cervicalgia, lumbar disc displacement, lumbago, lumbosacral sprain/strain, lumbar radiculitis, thoracic spine pain, thoracic disc bulge, depression, osteoarthritis, and headaches. The injured worker's medications were Vicodin 550 mg and Gabapentin 300 mg. Prior treatments was for phototherapy and topical creams for psoriasis and medications The treatment plan was for follow-up with a rheumatologist; to continue home exercise program, swimming, and walking; medications; and a follow-up with a podiatrist on an as needed basis. There was also a request for Flexeril 5 mg #30 with 2 refills. Rationale for the request was not submitted with documentation. The request for authorization form dated 02/17/2014 was provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. The injured worker complained of pain to his knees, neck, and back and stated that he was more functional on medication. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. Cyclobenzaprine has been shown to produce a modest benefit in the treatment of fibromyalgia. Cyclobenzaprine-treated patients with fibromyalgia were 3 times more likely to report overall improvement and to report moderate reductions in individual symptoms. The Guidelines indicate that muscle relaxants show no benefit beyond NSAIDs in most of lower back pain cases. The clinical information provided did not provide evidence of functional improvement with the medication to support continuation. Also, the injured worker has been taking the medication for a prolonged period of time and the medication is only recommended for short-term treatment of acute exacerbation of low back pain. Furthermore, the request does not include the frequency for the proposed medication. Given the above, the request of Flexeril 5mg, #30 with 2 refills is not medically necessary and appropriate.