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| Case Number: | CM14-0052567 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 10/01/2013 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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 Family Medicine has and is licensed to practice in Ohio. 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 said to have a date of injury of November 27 of 1989. He developed neck and low back pain radiating into the left leg associated with foot numbness. He has received physical therapy over the years and has had intermittent symptomatology and has periodically been able to work but for the most part not. An MRI scan of lumbosacral spine on October 12 of 2013 revealed an L4-L5 disc bulge and hypertrophy but no significant neural compromise and an L5-S1 disc bulge with some canal and foraminal encroachment. The injured worker has been prescribed gabapentin which seems to be the mainstay of his pharmacy regimen and Flexeril intermittently since about November 5 of 2013. The exam notes that are available for review are very incomplete with regard to the physical exam of the back and silent with regard to the neck. Essentially, no lumbosacral tenderness has been appreciated and there is evidence of a diminished or absent left-sided ankle deep tendon reflex. The exam notes are also incomplete with regard to how the patient was actually supposed to be taking Flexeril. He has been given quantities that suggests he is to be taking the medication once daily, likely at bedtime. There is a request for Flexeril number 60 but there is no specificity with regard to how often that medication was to be taken and under what circumstances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines-Muscle Relaxant.

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

Decision rationale: Cyclobenzaprine has been recommended as an option for chronic pain but should be utilized as a short course of therapy, implying that it may be used intermittently. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this instance, it is conceivable that the quantity of Flexeril requested, #60, was prescribed every eight hours as needed for back spasm. However, the record is unclear and therefore must be assumed that the intention was to take the medication before bed as previously. This would mean that a full two months of Cyclobenzaprine was prescribed which clearly exceeds the usually recommended course of 2 to 3 weeks maximum per episode. Flexeril #60 is therefore medically unnecessary given the lack of information that can be derived from the submitted medical records.