

Case Number:	CM14-0061639		
Date Assigned:	07/09/2014	Date of Injury:	02/14/2013
Decision Date:	08/21/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/02/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 43 year male presenting with chronic pain following a work related injury 2/14/2013. The claimant reported low back pain rated 4-5/10 and increases during times of constipation. The physical exam showed mild atrophy of the lumbar paraspinal muscles, decreased lumbosacral range motion, a positive hyperextension maneuver of the lumbar spine and a positive right sided stretch test. The claimant had a lumbar epidural steroid injection and reported significant relief. The medications included Synthroid, Lipitor, and Norco. The claimant reported that he may have had a reaction to Naprosyn. The physical exam showed slow gait, radiating right lower extremity dyesthesias consistently with an L5-S1 radiculopathy with a dramatically positive straight leg raise on the left. He significantly EHL weakness on the right, grade 4-/5, subtle weakness on the left, blunted DTR at the Achilles and patellar tendon bilaterally, nontender hip and knee range of motion, and subjective dyesthesias primarily on the right dorsum and plantar aspect of the foot. MRI of the lumbar spine showed large right paracentral L4-5 disk herniation/extrusion causing severe stenosis at the right lateral recess, and moderate to severe central canal stenosis, broad/paracentral right-sided disk protrusion at L5-S1 with marked stenosis at the right lateral recess, with S1 nerve root compression and mild degenerative changes and disk bulges. The claimant was diagnosed with right greater than left lower extremity radiculopathy, significant weakness and cluadictory symptoms, large right paracentral disk herniation, L4-5 with severe lateral recess and moderate to severe central canal stenosis and paracentral disk protrusion at L5-S1, with marked stenosis of the right lateral recess.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodics.

Decision rationale: Flexeril is a Cyclobenzaprine. Cyclobenzaprine 10mg is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of Cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. As per MTUS, the addition of Cyclobenzaprine to other agents is not recommended. In regards to this claim, Cyclobenzaprine was prescribed for long term use and in combination with other medications. Therefore, Flexeril 7.5mg #60 is not medically necessary.