

Case Number:	CM14-0061733		
Date Assigned:	07/09/2014	Date of Injury:	12/10/1996
Decision Date:	09/08/2014	UR Denial Date:	05/02/2014
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 Pain Management and is licensed to practice in California. 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 48 year old male who sustained a work-related injury on 12/10/96. He was diagnosed with the following: status post L4-S1 fusion in 2004, cervical spine and lumbar spine strain, and herniated nucleus pulposus with instability L3/4 transitional syndrome, and status post extreme lateral interbody fusion (XLIF) on 6/7/11 with probable pseudo. Based on the progress report dated December 13, 2013 the injured worker presented with complaints of severe low back pain which has been the same since his last visit. He rated his pain to be at 6 out of 10 on the pain scale but it is relieved when he is taking his medications for chronic pain, inflammation, spasm, and neuropathy. The injured worker also stated that he still feels that he can live with the pain as long as he is taking his medications. Objective findings for the lumbar spine included minimal tenderness and decreased in range of motion about 20%. Orthopedic tests were negative. Reflexes, sensory and muscle strength in the bilateral and upper extremities were within normal limits. A urine drug screening was performed. Per progress notes dated April 2, 2014, the injured worker complained that his pain has been the same and was still at 6 out of 10 on the pain scale which was controlled by medications. Relief from pain is achieved when he is taking medications for chronic pain, inflammation, spasm and neuropathy. He also stated that he can live with pain as long as he is taking his medications. Objective findings for the lumbar spine included minimal tenderness and decreased range of motion about 25%. Orthopedic tests were negative. Reflexes, sensory and muscle strength in the bilateral and upper extremities were within normal limits. He was able to heel-walk and toe-walk bilaterally. This is a review of the previously denied Flexeril 10 milligrams, #90 as an outpatient for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication review for Flexeril 10mg #90, as an outpatient for low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics Physician's Desk Reference www.RxList.com Official Disability Guidelines Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm www.drugs.com Epocrates Online, www.online.epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cyclobenzaprine (Flexeril®).

Decision rationale: The medical records provided limited information to support the necessity of Flexeril. There is lack of subjective and objective findings to support the presence of acute exacerbation of symptoms of the low back because the only documented findings upon examination was mild tenderness and decreased in the range of motion of 20-25%. Other aspects such as reflexes, muscle strength and orthopedic tests were unremarkable. In addition, the evidenced-based guidelines indicated that this medication can be used for short-term treatment of acute exacerbations in patient with chronic low back pain and based on the medical records. The injured worker has been utilizing the medication for months already with no objective functional improvement noted such as decrease in pain level, increase range of motion as well as increase ability to perform activities of daily living. It was also indicated by the Official Disability Guidelines (ODG) that the medication is not recommended to be used for longer than 2-3 weeks due to possible development of dependence. Therefore, the requested medication is considered not medically necessary.