

Case Number:	CM14-0064895		
Date Assigned:	07/11/2014	Date of Injury:	12/27/2012
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 12/27/2012 due to continuous trauma as a peace officer. The injured worker has diagnoses of lumbar spine sprain/strain with left lower extremity radiculitis and disc protrusion at L4-5 with right neural foraminal stenosis and facet degenerative joint disease. The injured worker's past medical treatment consists of the use of TENS Unit, home exercise program, chiropractic therapy, physical therapy, and medication therapy. Medications include Ultram ER 150 mg 1 to 2 tablets by mouth daily, Voltaren XR 100 mg by mouth daily, Prilosec 20 mg by mouth daily, Flexeril 10 mg 1 tablet 2 times a day. The injured worker underwent an MRI 08/14/2014 that revealed a 2 mm disc protrusion at L4-5 with right neural foraminal stenosis and facet degenerative joint disease. The injured worker complained of lower back pain that increased with prolonged standing, bending of the back with lifting, bending, and stooping. There were no pain levels documented in the submitted report. Physical examination dated 06/25/2014 revealed that the left shoulder had tenderness to palpation over the acromioclavicular joint. Tenderness to palpation with crepitus over passive ranging was present over the subacromial region. Cross arm test was positive, as was impingement test. Range of motion of the left shoulder was measured as follows: flexion of 120 degrees, extension of 40 degrees, abduction 110 degrees, adduction 30 degrees, internal rotation of 45 degrees, and external rotation of 70 degrees. The treatment plan is for the injured worker to continue the use of Flexeril 10 mg. The rationale was not submitted for review. The Request for Authorization form was submitted on 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

Decision rationale: The injured worker complained of lower back pain that increased with prolonged standing, bending of the back with lifting, bending, and stooping. There were no pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) indicates that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request submitted did not specify the frequency or duration of the medication. There was also no quantified information regarding pain relief and whether the above medication helped the injured worker when any functional deficits. There was no assessment regarding average pain, intensity of pain, or longevity of pain relief. In addition, there was no mention of a lack of side effects. Furthermore, it was noted in the submitted report that the injured worker had been taking Flexeril since at least 01/24/2014, exceeding the recommend MTUS guidelines. Given the above, the request for ongoing use of Flexeril is not supported by the MTUS Guideline recommendations. As such, the request for Flexeril 10 mg is not medically necessary.