

Case Number:	CM14-0071774		
Date Assigned:	07/16/2014	Date of Injury:	07/13/2005
Decision Date:	09/17/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine 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:

This is a 50-year-old male with a 7/13/05 date of injury. The mechanism of injury was not noted. According to a progress note dated 6/5/14, the patient suffered from chronic low back pain that has been stabilized. He is currently utilizing Sprix, medical foods and a Morphine pump which help the patient have more energy, walk for longer distances, and be able to bend without excruciating pain. Objective findings: bilateral tenderness and spasms of the L3-5 paraspinal muscles, decreased ROM of lumbar spine, numbness in the medial distribution of both hands. Diagnostic impression: post-laminectomy syndrome, lumbar region; spasm of muscle; long-term use of medications; NSAID induced gastritis. Treatment to date: medication management, activity modification, discectomy 8/30/05, laminectomy 12/8/07, unsuccessful spinal cord stimulator trial 3/18/09. A UR decision dated 4/22/14 denied the requests for Flexeril and Sprix. Regarding Flexeril, the patient started using Flexeril on 4/10/13. Prior to this date, the patient had a long history of using muscle relaxants, such as Baclofen and Norflex. The continued chronic use of muscle relaxants are not supported by the evidence-based guidelines. Regarding Sprix, the patient is on multiple medications to control his chronic pain conditions. The available records indicated that the patient's pain was controlled with the current medication regime. As there is no evidence that the patient's current medications were ineffective in controlling his pain, there would be no medical necessity for this additional form of pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg # 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 9792.24.2 Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. According to the reports reviewed, the patient has been on Cyclobenzaprine since at least 9/12/13, if not earlier. Guidelines do not support the long-term use of Cyclobenzaprine. In addition, there is no documentation that the patient has had an exacerbation of his pain. In fact, according to the most recent progress note, dated 6/5/14, the patient reported that his pain was stabilized. Therefore, the request for Flexeril 7.5 mg # 60 was not medically necessary.

Sprix 1 NS # 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain (chronic)FDA 2010.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 72 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Sprix).

Decision rationale: According to the FDA, SPRIX (ketorolac tromethamine) nasal spray is a nonsteroidal anti-inflammatory drug (NSAID) which is indicated for short-term (up to 5 days in adults) management of moderate to moderately severe pain that requires analgesia at the opioid level. It is documented in the progress reports reviewed, the patient since at least 4/11/14 through 6/5/14, if not for a longer period of time. Guidelines only support the use of ketorolac for up to 5 days due to the risk of adverse effects. There is no documentation addressing why the patient cannot take an oral NSAID. Therefore, the request for Sprix 1 NS #5 was not medically necessary.