

Case Number:	CM14-0074653		
Date Assigned:	07/16/2014	Date of Injury:	08/17/2011
Decision Date:	09/24/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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 patient is a 34 year old male employee with date of injury of 8/17/2011. A review of the medical records indicate that the patient is undergoing treatment for musculoligamentous strain of the lumbar spine, neuritis and radiculitis of the lumbar spine, left-sided sacralisation at the L5, and a 4 mm circumferential disc bulge at L2-3. Subjective complaints include persistent pain in the back and lower limbs (1/16/2014) which worsens with bending, stooping, pulling, pushing and any twisting or turning of the lower back. Objective findings include (11/22/2013) tenderness over the paraspinal muscles, specifically over the L5. Also, there is a decreased sensation on the left S-1 dermatome and the left L3 dermatome. Electromyogram (EMG) and nerve conduction velocity (NCV) studies of lower limb performed on 7/31/2012 revealed prolongation of the sensory peak latency of the left peroneal nerve, radiculopathy at L5 bilateral. MRI of the lumbar spine performed on 9/28/2012 revealed intradural lipoma at the conus, a 4 mm circumferential disc bulge which mildly impresses on the thecal sac at L2-3, and left sided sacralisation of L5. Treatment has included Norco and Tramadol (1/16/2014) - dosages, frequency and duration not specified. Tramadol 50mg 2/day was certified on 4/25/2014. Injections (unspecified contents) began in Feb 2013 and totaled four. They provided temporary relief according to the patient (1/16/2014). The utilization review dated 4/25/2014 non-certified the request for Flexeril 10 Mg 1 Tab po bid #60 because it should not be taken with Tramadol, which has already been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 Mg 1 Tab po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "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. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up-to-date "Flexeril" also recommends "Do not use longer than 2-3 weeks". As prescribed, twice a day Flexeril with 60 pills would equal a 30 day supply, which is in excess of recommendations. Medical documents do not fully detail the components outlined in the guidelines above and do not establish the extenuating need for usage of Cyclobenzaprine in excess of guidelines. ODG states regarding Cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of Cyclobenzaprine to other agents is not recommended." Additionally, the patient has been taking Norco, and Tramadol was concurrently certified. Multiple pain medications concurrent with Cyclobenzaprine is not recommended. As such, the request for Flexeril 10 Mg 1 Tab po bid #60 is not medically necessary.