

Case Number:	CM14-0080673		
Date Assigned:	07/18/2014	Date of Injury:	08/20/2005
Decision Date:	09/10/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 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:

Per the records provided, the services that were denied or modified were Flexeril 7.5 mg for the next visit and Flexeril 7.5 mg dispensed on April 18, 2014. The claimant is a 58-year-old female highway landscaper who lost control of the vehicle she was driving when a tire blew back in 2005. She had an injury to the left ankle and the low back. The records attest she was working full time at a modified duty. The lumbar spine MRI from February 10, 2013 showed mild facet hypertrophy at L5-S1. There had been previous epidural steroid injections. As of December 13, 2013, [REDACTED] noted there was low back pain and lower bilateral extremity pain. She used Trazodone for sleep. She has been approved to see physiatrist. Other medicines are Norco, soma, and Topamax for neuropathic pain. They will appeal the denial for Soma. The denial on the Flexeril per the initial reviewer was because the MTUS does not recommend long-term use of muscle relaxants, and there was no muscle spasm documented on the exam. There were operative reports from June 6, 2014 for a right sacroiliac joint injection. There was a June 17, 2014 note. The epidurals gave her 56% pain relief. She still has pain on the right side. No physical examination was provided. The doctor did note the blood pressure and pulse and that she has tenderness along the shin on the left and low back pain with facet loading but there is no mention of spasm. The diagnoses were discogenic lumbar condition with facet inflammation noted at L4-L5 and L5-S1 with a radicular component on the lower extremities. Nerve studies have been unremarkable. The patient is post epidural injection with relief in 2011. There is left ankle and leg inflammation with soft tissue injury and some superficial peroneal neuropathy. She also has sleep issues. There was a visit from June 25, 2014. She is a 58-year-old woman with bilateral low back pain right worse than left radiating to the right buttocks; left ankle pain with numbness and paresthesias. She is post a recent right sacroiliac joint injection which reduced her

pain by 80% with increased range of motion 30 minutes after the injection. She is still experiencing relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg DOS: 04/01/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for 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. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.

Flexeril 7.5mg (Next Visit): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42.

Decision rationale: As shared previously, the MTUS recommends Flexeril (cyclobenzaprine) for 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. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.