

Case Number:	CM14-0144533		
Date Assigned:	09/12/2014	Date of Injury:	05/27/2003
Decision Date:	01/07/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 50 year old male who was injured on 5/27/2003. The diagnoses are headache, lumbar radiculitis, thoracic sprain, cervical radiculitis, rotator cuff syndrome, myofascial pain syndrome and chronic pain syndrome. There are associated diagnoses of sleep apnea, insomnia and mood disorder. The patient completed chiropractic treatments and physical therapy. The 2003 MRI showed multilevel disc bulges of the cervical, thoracic and lumbar spines. On 8/12/2014, [REDACTED] noted objective findings of tenderness to palpation of the trapezius and lumbar facet areas. The medications are Dilaudid for pain, Zanaflex and Flexeril for muscle spasm, Lunesta for sleep and Valium for mood disorder. The medications are prescribed in 6 months supplies. The patient reported hangover feeling with combination of Lunesta with Flexeril. The Flexeril is being utilized as a sleep aid. There is no UDS or recent documentation of compliance monitoring included in the available records. A Utilization Review determination was rendered on 8/19/2014 recommending non certification for Flexeril 5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend that the use of muscle relaxants can be limited to a short term period for exacerbation of severe musculoskeletal pain that did not respond to treatment with NSAIDs and physical therapy. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedatives. The records indicate that the patient is utilizing multiple sedatives including opioids, benzodiazepines, Lunesta as well as muscle relaxant Zanaflex. It was noted that the intended use of the Flexeril was as a sleep aid which is not FDA or guideline approved indication. The patient reported a hangover feeling with the combination of Lunesta with Flexeril. There is no documentation of guidelines recommended compliance monitoring with UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Flexeril 5 mg #30 were not met. The request is not medically necessary.