

Case Number:	CM14-0165997		
Date Assigned:	10/13/2014	Date of Injury:	08/09/2013
Decision Date:	01/28/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 42 year old patient with date of injury of 8/9/2013. Medical records indicate the patient is undergoing treatment for lumbar herniated disc, lumbar radiculopathy, lumbar facet syndrome and right sacroiliac joint arthropathy. Subjective complaints include sharp pain of the lumbar spine rated 6-7/10 and the patient is having difficulty sleeping. Objective findings include antalgic gait, diffuse lumbar paraspinous tenderness, moderate facet tenderness at L3-S1; positive right SI tenderness, positive Fabere's, Kemp's and straight leg raise on the right. Range of motion was limited and painful and decreased sensation was noted in L3 and L4 dermatomes on the right. Treatment has consisted of acupuncture, physical therapy, chiropractic care, and lumbar epidural steroid injections, Flexeril, Norco and Ibuprofen. The utilization review determination was rendered on 9/29/2014 recommending non-certification of Flexeril 10mg 1 po tid #90 and Norco 10/325mg 1 po tid #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 po tid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 22.

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®) and on 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. Additionally, 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)" UpToDate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Flexeril. This patient has been on Flexeril since at least 09/10/2013. As such, the request for Flexeril 10mg 1 po tid #90 is not medically necessary.