

Case Number:	CM14-0202662		
Date Assigned:	12/15/2014	Date of Injury:	01/27/2011
Decision Date:	02/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 53-year-old female, with a date of injury of 01/27/2011. The result of the injury was back pain. She is being treated for facet arthropathy of the lumbar spine; grade 1 anterolisthesis at L5-S1; herniated nucleus pulposus of the lumbar spine with neural foraminal narrowing at L2-3, L4-5, and L5-S1; and degenerative disc disease of the lumbar spine. Treatments have included chiropractic care; acupuncture treatment; a left L4 and L5 transforaminal epidural injection times two (2); a bilateral transforaminal epidural at the L4-5 foramen; physical therapy; a posterior L5-S1 spinal fusion, with transforaminal lumbar interbody fusion on 08/22/2013; Norco; Norflex extended-release (ER); Lidopro Cream; and Flexeril 7.5mg for spasms and pain in the buttock and a home exercise program. Diagnostic studies include a MRI of the lumbar spine on 08/09/13 showed degenerative disc disease and facet arthropathy with grad I anterolisthesis L5-S1, neural foraminal narrowing includes L2-L3 moderate to severe, L4-L5 moderate to severe right, mild to moderate left, and L5-S1 mid right, mild to moderate left. An electrodiagnostic consultation on 04/10/2012 demonstrated right carpal tunnel syndrome affecting the median nerve. The progress report (PR-2) dated 10/21/2014 indicated that the patient had subjective complaints of 2/10 low back pain, aching pain in the center of her back and decreased spasms. The objective findings included slight tenderness to palpation of the lumbar mid-spine and in the lumbar paraspinal muscles on the right side, normal bilateral extremity motor examination/strength/sensation and decreased range of motion of the lumbar spine. On 11/24/2014, Utilization Review (UR) denied the request for Flexeril 5mg #60. The UR physician noted that the medication appears to be used for a chronic condition, and the guidelines do not recommend Flexeril for chronic use. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), and Cyclobenzaprine (Flexeril, Amrix,.

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) Cyclobenzaprine (Flexeril) Other Medical Treatment Guideline or Medical Evidence: Up-To-Date, 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)" Up-to-date "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 Cyclobenzaprine. ODG states regarding Cyclobenzaprine, that it not be combined with other pain medications. Several other pain medications are being used along with Cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 5mg #60 is not medically necessary.