

Case Number:	CM14-0045527		
Date Assigned:	06/27/2014	Date of Injury:	12/15/2002
Decision Date:	01/29/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 43 year old female with an injury date of 12/15/02. Based on progress report dated 02/28/14, the patient complains of lower back pain, rated at 5-6/10, and poor quality of sleep. Physical examination of the lumbar spine reveals tenderness to palpation, spasms and tight bands in the bilateral paravertebral muscles. The range of motion is restricted due to pain with flexion at 65 degrees and extension at 10 degrees. Medications include Flexeril, Ibuprofen, Cymbalta, Sudafed, Duragesic and Norco, as per progress report dated 02/28/14. The patient also uses stretching exercises and TENS unit to manage the condition. The patient is not working and her status is permanent and stationary, as per progress report dated 02/28/14. CT Scan of the Thoracic Spine, 09/30/10, as per progress report dated: Mild degenerative change in the mid thoracic spine. Diagnoses, 02/28/14:- Post lumbar laminectomy syndrome- Spinal/lumbar degenerative disc disease- Chronic back pain The treater is requesting for FLEXERIL 10mg # 90. The Utilization Review being challenged is dated 03/24/14. Treatment reports were provided from 09/13/13 - 02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with lower back pain, rated at 5-6/10 along spasms in paravertebral muscles and restricted range of motion, as per progress report dated 02/28/14. The request is Flexeril 10mg # 90. MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." A prescription of Flexeril was first noted in progress report dated 09/13/13. The patient has been receiving medication consistently since then to manage muscle spasms. In progress report dated 02/28/14, the treater states that the combination of Norco, Ibuprofen and Flexeril "is the most effective combination for her pain relief." While the report states that Ibuprofen helps reduce pain from 7/10 to 5/10 and Norco reduced the pain back to baseline within 30 minutes, there is no specific information about Flexeril. The treater also states that "Medications allow her to complete her ADLs." However, this information is also not specific to Flexeril. Additionally, MTUS only recommends short-term use of muscle relaxants such as Flexeril with a record of improvement in pain and function. Hence, this request is not medically necessary.