

Case Number:	CM14-0069967		
Date Assigned:	07/16/2014	Date of Injury:	02/19/2007
Decision Date:	02/28/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 45 year old patient with date of injury of 02/19/2007. Medical records indicate the patient is undergoing treatment for right inguinal hernia, pain disorder L-spine, right and left inguinal hernia, iatrogenic sexual dysfunction, iatrogenic CNS cognitive/arousal disorder and iatrogenic gastrointestinal disturbance. Subjective complaints include lumbar spine pain rated 7/10 with medications, 9/10 without medications. Objective findings include lumbar spine range of motion - flexion 46 degrees, extension 16, right lateral pain 18, left lateral 14, lateral rotation to left 24, right limited 25; lumbar paravertebral muscle spasms, tenderness and tight muscle band noted; straight leg raise positive on left, lumbar facet loading positive. MRI lumbar spine dated 03/29/2013 revealed status post right laminectomy changes at L4-5, L5-S1; moderate right neuroforamina stenosis at L3-4, L4-5 and moderate severe at L5-S1, moderate left neuroforamina stenosis at L5-S1. Treatment has consisted of Gabapentin, Bupropion, Lexapro, Colace, Norco, Ibuprofen, Flexeril, Omeprazole and Silenor. The utilization review determination was rendered on 05/02/2014 recommending non-certification of Flexeril 10 mg qty 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg qty 90: Upheld

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

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®) 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 cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." As such, the request for Flexeril 10 mg qty 90 is not medically necessary.