

Case Number:	CM14-0078586		
Date Assigned:	03/09/2015	Date of Injury:	07/08/1999
Decision Date:	04/14/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/28/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old man sustained an industrial injury on 7/8/1999. The mechanism of injury is not detailed. Current diagnoses include chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, pain in joint of forearm, degeneration of cervical intervertebral disc, primary localized osteoarthritis of the forearm, and thoracic or lumbosacral neuritis or radiculitis. Treatment has included oral medications. Physician notes dated 4/15/2014 show complaints of neck and bilateral shoulder pain, lower back pain with radiation to hips, left wrist pain, decreased range of motion to the right shoulder, left hip pain, upper leg pain, and pain to the right elbow. Recommendations include continuing Flexeril, Tramadol/Acetaminophen tablet, left wrist x-ray, follow up in three months. On 4/24/2014, Utilization Review evaluated a prescription for Flexeril 10 mg #90 for cervcial/thoracic/lumbar spine and bilateral upper extremities that was submitted on 5/28/2014. The UR physician noted the worker has been using this medication as an alternative to a strong opioid and has developed a tolerance. However, long term use is not recommended as Flexeril may lose its efficacy after the first four days of use. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 & 113.

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

Decision rationale: The patient presents with neck and bilateral shoulder pain radiating to upper extremity, and low back pain radiating to lower extremities. The request is for FLEXERIL 10MG QUANTITY 90. The request for authorization is not provided. The patient underwent a MRI scan on his lumbosacral spine 11/01/99 shows central disc protrusion at L4-5 without significant spinal stenosis. He went for evaluation and management of his pain and was treated with chiropractic manipulation, which seems to help him, however, for short duration only. The patient was subsequently referred and was recommended physical therapy, which he tried, however, that made his problems worse. The patient was referred to this clinic, underwent diskogram followed by IDET without significant improvement. He underwent transforaminal epidural steroid injections with great improvement. Patient underwent functional restoration program however according to the patient this program was "a joke." Patient is able to do household work, maintaining ADL's but there are days he gets up and his low back hurts so bad he cannot do anything. The patient's medications include Ultracet and Flexeril. Patient is not working. 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." Per progress report dated 07/15/14, treater's reason for the request is "to help decrease his pain." However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Patient has been prescribed Flexeril since at least 01/15/14. Furthermore, the request for Flexeril #90 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.