

Case Number:	CM14-0098718		
Date Assigned:	07/28/2014	Date of Injury:	08/09/2013
Decision Date:	04/24/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 injured worker is a 44 year old male, who sustained an industrial injury on 8/9/13. He has reported a neck injury after falling 8-9 feet off a truck and striking his head on the gravel. The diagnoses have included late effect of fall, lumbar strain/sprain and cervical neck sprain/strain. Treatment to date has included medications, diagnostics, chiropractic sessions and Home Exercise Program (HEP). Currently, as per the physician progress note dated 6/1/14, the injured worker complains of pain in the back and neck with intermittent left arm/hand/leg tingling and numbness for past 6 months. The Magnetic Resonance Imaging (MRI) of the cervical spine dated 4/9/14 revealed disc bulge and stenosis. The MRI of the lumbar spine dated 5/29/14 revealed slight annular bulging of the disc. The current medications included Norco and Flexeril. Physical exam revealed slightly stiff slow gait, lumbosacral tenderness to palpation, mild posterior tenderness and decreased range of motion in the neck. The Treatment Plan included spine specialist consult for neck and low back and prescriptions for Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; page 124.

Decision rationale: Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing back and neck pain, left hand and arm pain, and numbness and tingling in the left leg. These records indicated the worker had been taking this medication for prolonged amount of time, and there was no discussion detailing special circumstances that sufficiently supported the recommended long-term use. There also was no suggestion that the worker was having a new flare of lower back pain. In the absence of such evidence, the current request for thirty tablets of Flexeril (cyclobenzaprine) 10mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.