

Case Number:	CM15-0132950		
Date Assigned:	07/21/2015	Date of Injury:	07/22/2008
Decision Date:	09/23/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 38 year old male patient who sustained an industrial injury on 07/22/2008 resulting in injury to the spine and left elbow. The diagnoses include left elbow contusion and strain with residual loss of full extension, lumbosacral strain with disc bulges at L3-4 and L4-5 per MRI, and lumbar radicular symptoms. Per the physician progress report dated 06/22/2015, he had complaints of left elbow pain with weakness and throbbing; low back pain; difficulty sleeping and headaches. The pain was rated 7/10 in severity. The pain was reported to be worsened by flexion and extension and activities, which require movement. The physical examination revealed back stiffness and antalgic gait, decreased muscle strength in the left lower extremity, pain across lumbar spine, decreased deep tendon reflexes in the lower extremities, and decreased light touch sensation in the L4-S1 dermatomes. The medications list includes Flexeril 10mg one twice daily, Norco 10-325mg one 3 times daily, inderal, topamax and oxymorphone ER 40mg 12 hours sustained release-one tablet 4 times daily. He has not been using medications consistently due to having to pay out of pocket, but when using medications, pain is reduced by about 70%. Past medical history includes; angina, dizziness, fracture history, arthritis conditions, seizure disorders, headaches, asthma, shortness of breath, and previous back surgery. He has undergone lumbar microdiscectomy at L3-4 in 2014. He has had MRI of the lumbar spine, which revealed degenerative disc disease with loss of disc height at multiple levels, multiple disc bulges, and posterior decompression changes. He has had urine drug screening in 11/2014 showing negative findings for Norco; and urine drug screen in 02/2015 showing inconsistent results, as there was no detection of oxymorphone. The patient was reported to have both nociceptive and neuropathic

pain as well as inflammatory pain. Plan of care includes refills of current medications and follow-up in one month. Patient was indicated to be permanent and stationary. The request for authorization and IMR (independent medical review) includes Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with two refills: Overturned

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 (Flexeril, Amrix, Fexmid, generic available) Page(s): 41-42, 63-66.

Decision rationale: Under Review: Flexeril 10mg #60 with two refills. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use" Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had chronic left elbow and low back pain. Physical examination revealed back stiffness and antalgic gait, decreased muscle strength in the left lower extremity, pain across lumbar spine, decreased deep tendon reflexes in the lower extremities, and decreased light touch sensation in the L4-S1 dermatomes. The patient has a history of lumbar surgery. The patient has chronic pain with significant objective exam findings. According to the cited guidelines, Flexeril is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10mg #60 with two refills is medically necessary to use as prn during acute exacerbations.