

Case Number:	CM15-0149009		
Date Assigned:	08/12/2015	Date of Injury:	07/28/2014
Decision Date:	09/24/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/31/2015

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: 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:

The injured worker is a 64 year old male, who sustained an industrial injury on July 28, 2014. The injured worker was diagnosed as having right hand, thumb arthritis over the carpometacarpal (CMC) joint, left hand, thumb arthritis over the carpometacarpal (CMC) joint, and lumbar spine bulging disc L3-L4 with left sided L4 radiculopathy. Treatments and evaluations to date have included physical therapy, x-rays, MRI, and medication. Currently, the injured worker reports low back pain radiating down the left lower extremity, and pain about the bilateral thumb carpometacarpal (CMC) joints. The Primary Treating Physician's report dated June 29, 2015, noted the lumbar spine examination with spasm about the left lower lumbar region with point tenderness upon palpation about the left lower lumbar region, pain with motion, and a positive Lasegue's test on the left. Examination of the hands was noted to show crepitus and pain about the CMC joint of the bilateral thumbs and tenderness and swelling about the CMC joint bilaterally. Sensory examination was noted to show decreased sensation to the dorsal aspect of the left leg. The treatment plan was noted to include a request for authorization for pain management and continuation of medications previously dispensed, noted on the May 18, 2015 physician's note as Flexeril, Celebrex, and Ultram. The injured worker's was noted to be off work and temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

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

Decision rationale: The patient was injured on 07/28/14 and presents with left-sided low back pain. The request is for FLEXERIL 7.5 MG QTY 90. There is no RFA provided and the patient is on temporary total disability. The patient has been taking Flexeril as early as 02/06/15. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the 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. The patient has spasm about the left lower lumbar region with point tenderness upon palpation about the left lower lumbar region, pain with motion, and a positive Lasegue's test on the left. The hands have crepitus/pain about the CMC joint of the bilateral thumbs and tenderness/swelling about the CMC joint bilaterally. He is diagnosed with right hand, thumb arthritis over the carpometacarpal (CMC) joint, left hand, thumb arthritis over the carpometacarpal (CMC) joint, and lumbar spine bulging disc L3- L4 with left sided L4 radiculopathy. MTUS Guidelines do not recommend the use of Flexeril for longer than 2 to 3 weeks. In this case, the patient has been taking Flexeril as early as 02/06/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Flexeril IS NOT medically necessary.