

Case Number:	CM15-0161065		
Date Assigned:	08/27/2015	Date of Injury:	04/19/2013
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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 43 year old male who sustained an industrial injury on 4-19-13. He had complaints of back pain. Treatments include: medication, physical therapy, TENS unit and left L3-4 microdiscectomy. Progress report dated 7-16-15 reports continued complaints of left sided low back pain with numbness and burning in the left knee to the ankle. The pain is rated 4 out of 10. He has improved after surgery and has reached a plateau and reports worsening in symptoms. The pain is worse with bending and twisting and the left knee buckles when the pain is severe. The pain is relieved by bending backwards, medications and activity modification. Diagnoses include: lumbar degenerative disc disease, history of left L3-4 discectomy 2013, persistent sensory radiculopathy in the left lower limb and morbid obesity. Plan of care includes: reviewed symptoms and recent worsening of pain involving the low back and left leg, refills provided for Skelaxin, Flexeril and naproxen, prescription given for Gralise ER 300 mg, review trial of membrane stabilizer, continue activities as tolerated and manage weight. Work status: permanent and stationary. He is retired. Follow up in 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone 800mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

Decision rationale: The patient presents on 07/16/15 with lower back and leg pain. The patient's date of injury is 04/09/13. Patient is status post L3-L4 discectomy in June 2013. The request is for Metaxalone 800MG, #60. The RFA was not provided. Physical examination dated 07/16/15 reveals tenderness to palpation of the lumbar paraspinal muscles on the left, decreased sensation to light touch diffusely in the left lower extremity, and decreased ankle/knee jerk responses in the left leg. The patient is currently prescribed Skelaxin, Flexeril, and Norco. Patient is currently retired. MTUS Guidelines, Muscle Relaxants (for pain) section, page 63-66 states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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." In regard to the request for Metaxalone, treater has specified an excessive duration of therapy. This patient has been prescribed Metaxalone since at least 09/02/14. Guidelines indicate that muscle relaxants such as this are only appropriate for acute exacerbations of lower back pain. MTUS Guidelines do not recommend use of this class of medications for longer than 2 to 3 weeks, the requested 60 tablets in addition to prior use does not imply short duration therapy. Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: The patient presents on 07/16/15 with lower back and leg pain. The patient's date of injury is 04/09/13. Patient is status post L3-L4 discectomy in June 2013. The request is for cyclobenzaprine 10mg #30. The RFA was not provided. Physical examination dated 07/16/15 reveals tenderness to palpation of the lumbar paraspinal muscles on the left, decreased sensation to light touch diffusely in the left lower extremity, and decreased ankle/knee jerk responses in the left leg. The patient is currently prescribed Skelaxin, Flexeril and Norco. Patient is currently retired. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 09/02/14. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 30 tablets in addition to prior use does not imply short duration therapy. Therefore, the request is not medically necessary.