

Case Number:	CM15-0169099		
Date Assigned:	09/09/2015	Date of Injury:	02/21/2000
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: North Carolina

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:

The injured worker is a 57 year old male, who sustained an industrial-work injury on 2-21-00. A review of the medical records indicates that the injured worker is undergoing treatment for thoracolumbar strain with Herniated Nucleus Pulposus (HNP), cervical strain, right shoulder strain, and stomach -gastrointestinal upset due to the use of Non-steroidal anti-inflammatory drugs. Medical records dated (1-23-15 to 7-10-15) indicate that the injured worker complains of cervical and thoracic spine discomfort with pain rated 5-7 out of 10 on pain scale and right shoulder discomfort rated 5-7 out of 10 on pain scale without medications. The pain decreases to 3 out of 10 with medications. Per the physician progress note dated 7-10-15, the injured worker reports 30-50 percent pain relief with use of medications and the injured worker desires to continue with current medication regimen, which includes Norco and Flexeril. The most current complaints include mid back pain that radiates to the low back, right side low back pain, neck pain that radiates to the right shoulder, right shoulder pain and stomach upset with intermittent acid reflux. The medical records also indicate improvement of the activities of daily living and ability to work full time duties with use of medications. Per the treating physician report dated 7-10-15 the employee works full time duties. The physical exam dated from (1-23-15 to 7-10-15) reveals cervical spine tenderness in the mid and lower muscles with spasm. The flexion is 80 percent of normal, extension is 70 percent of normal, and right and left lateral flexion is 80 percent of normal. The thoracolumbar spine exam reveals tenderness and spasm of the muscles, with decreased range of motion in flexion 80 percent of normal and extension 80 percent of normal. Treatment to date has included pain medication including Flexeril for at least a year, activity modifications, diagnostics, ice, home exercise program (HEP) and other modalities. There is no previous urine drug screen noted. The original Utilization review dated 7-29-15

denied a request for Flexeril 10mg due to long term use and concurrent use of Norco. The guidelines recommend a short course of therapy such as 2-3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not certified.