

Case Number:	CM15-0182761		
Date Assigned:	09/23/2015	Date of Injury:	10/06/2013
Decision Date:	11/04/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50-year-old male, who sustained an industrial-work injury on 10-6-13. He reported initial complaints of neck and shoulder pain. The injured worker was diagnosed as having lumbar, cervical sprain-strain with radiculitis. Treatment to date has included medication, and back surgery 12-2015. Currently, the injured worker complains of low back and neuropathic leg pain and wears a lumbar support. Per the primary physician's progress report (PR-2) on 9-2-15, exam notes Minor's sign positive, range of motion reduced to 50% and spasm, hyposensation bilaterally C6-7 dermatomes, right L4S1 dermatomes and spasm, decreased strength at left C5, 7. Tinel's test is negative. Current plan of care includes pain management, meds, spine surgical consult, and trial for interferential stimulation. The Request for Authorization requested service to include Flexeril 5mg, #30. The Utilization Review on 9-10-15 denied the request for Flexeril 5 mg for reason since long-term use is not supported and without symptoms for use, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg, #30: 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: With regard to muscle relaxants, the MTUS CPMTG 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." Regarding Cyclobenzaprine: "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). 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." Per p41 of the MTUS guidelines, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. The documentation submitted for review indicates that the injured worker has been using this medication since at least 1/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with Flexeril. As it is recommended only for short-term use, medical necessity cannot be affirmed. This request is not medically necessary.