

Case Number:	CM15-0195287		
Date Assigned:	10/09/2015	Date of Injury:	02/02/2006
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old male, who sustained an industrial injury on 2-2-2006. He reported a low back injury from lifting activities. Diagnoses include bilateral L3-L5 radiculopathy with bilateral foot drop requiring braces for ambulation, right knee medial meniscal tear with multi-compartment osteoarthritis, left knee medial meniscal tear and chondromalacia, right wrist sprain and De Quervain's tendinitis, neurogenic bladder secondary to lumbar injury, and status post lumbar fusion in 2010. Treatments to date include activity modification, custom lower extremity orthotics, medication therapy, physiotherapy, physical therapy, therapeutic injections, and psychotherapy. On 8-27-15, he complained of ongoing pain in the back, legs, knee and right wrist. Current medications listed included Percocet 5-325mg, Flexeril 7.5mg as needed (since at least 10-17-13), Effexor 37.5mg, and had trialed Vimovo, while previously prescribed Anaprox, Protonix. The physical examination documented lumbar tenderness and lower extremity weakness. The PHQ-9 psychological testing score was 18 out of 30, noted as moderate reactive depression. His gait was irregular with signs of instability. The right knee was tender. The right wrist demonstrated a positive Finkelstein's maneuver. The plan of care included awaiting approval for orthotic shoes and braces, initiation of physical therapy, and ongoing medication therapy. The appeal requested authorization for Flexeril 7.5mg, #30. The Utilization Review dated 9-11-15, denied that request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg qty 30.00: Upheld

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

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

Decision rationale: The patient was injured on 02/02/08 and presents with pain in his lower back, bilateral legs, and right wrist. The request is for Flexeril 7.5 mg Qty 30.00. The RFA is dated 09/03/15 and the patient's current work status is not provided. MTUS Guidelines, Muscle Relaxants section, 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 is diagnosed with bilateral L3-L5 radiculopathy with bilateral foot drop requiring braces for ambulation, right knee medial meniscal tear with multi-compartment osteoarthritis, left knee medial meniscal tear and chondromalacia, right wrist sprain and De Quervain's tendinitis, neurogenic bladder secondary to lumbar injury, and status post lumbar fusion in 2010. Treatment to date includes activity modification, custom lower extremity orthotics, medication therapy, physiotherapy, physical therapy, therapeutic injections, and psychotherapy. MTUS Guidelines do not recommend the use of Flexeril for longer than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 04/30/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Flexeril is not medically necessary.