

Case Number:	CM15-0202160		
Date Assigned:	10/19/2015	Date of Injury:	08/11/2009
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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 74-year-old male, who sustained an industrial injury on 8-11-09. The injured worker is being treated for post laminectomy syndrome, status post L3-L5 laminotomy. On 9-15-15, the injured worker complains of persistent back pain and intermittent leg pain with muscle spasms; Norco reduces his pain from 8 out of 10 to 5 out of 10. He notes he is able to walk 6-12 miles a day with medications. Disability status is noted to be permanent and stationary. Physical exam performed on 9-21-15 revealed normal gait, well healed surgical scar and negative straight leg raise. Treatment to date has included failed epidural steroid injections, L3-5 laminotomy (2012), pain management, oral medications including Norco, Flexeril 7.5mg; right knee arthroscopy, physical therapy and activity modifications. A request for authorization was submitted on 9-14-15 for remaining #165 tablets of Flexeril 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5 MG Remaining #165 Tabs for DOS 7/21/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: The current request is for CYCLOBENZAPRINE-FLEXERIL 7.5 MG REMAINING #165 TABS FOR DOS 7/21/15. The RFA is dated 09/04/15. Treatment to date has included epidural steroid injections, L3-5 laminectomy (2012), oral medications including Norco and Flexeril 7.5mg, right knee arthroscopy, physical therapy and activity modifications. The patient is permanent and stationary. 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." Per report 09/15/15, the patient presents with persistent back pain and intermittent leg pain with muscle spasms. Physical examination revealed normal gait, well-healed surgical scar and negative straight leg raise. The treater requests reconsideration for Cyclobenzaprine 7.5mg #165 for date of service 07/21/15, stating that the patient has 40% decrease in pain, and increase in activity level with the use of this medication. In regard to the request for a refill of Cyclobenzaprine, this patient has been prescribed this medication since at least 06/16/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain, and do not recommend use for longer than 2 to 3 weeks. The requested 165 tablets in addition to prior use does not imply the intent to limit this medication for short term use. Therefore, the request IS NOT medically necessary.