

Case Number:	CM15-0207018		
Date Assigned:	11/20/2015	Date of Injury:	12/27/2002
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59-year-old female sustained an industrial injury on 12-27-02. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar post laminectomy syndrome and chronic pain syndrome. Previous treatment included lumbar fusion (2006), hardware removal (2008), physical therapy, trigger point injections, spinal cord stimulator and medications. In a PR-2 dated 9-4-15, the injured worker complained of low back pain with radiation to bilateral lower extremities associated with numbness and tingling. The injured worker also reported that she had been having hypertension and had developed swelling in bilateral lower extremities. Physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinal musculature and lumbosacral junction with positive straight leg raise and decreased sensation at the right L5 and S1 distribution. The treatment plan included continuing home exercise, starting to wean off Lyrica and Neurontin, requesting authorization for Carafate, Flexeril and Remeron and initiating Topamax. The physician also requested preoperative medical clearance evaluation, initial postoperative therapy and purchase of a cold therapy unit. On 10-12-15, Utilization Review noncertified a request for Flexeril 10mg #90, preoperative medical clearance evaluation and one cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg #90: 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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Flexeril 10 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic low back pain with lumbar post laminectomy syndrome; and chronic pain syndrome. Date of injury is December 27, 2002. Request for authorization is September 4, 2015. According to the February 9, 2012 progress note, Flexeril was prescribed to the worker. An inconsistent urine drug toxicology screen was noted on September 23, 2015 that was positive for amphetamines. According to the September 4, 2015 progress note, subjective complaints of the low back pain that radiates to the bilateral lower extremities. Objectively, there is tenderness over the paraspinal muscles lumbar spine with positive straight leg raising. There is decreased sensation in the L5 - S1 dermatome. Flexeril is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Flexeril was prescribed in excess of 30 months, at a minimum, to the injured worker in excess of the recommended guidelines for short-term use. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. There was no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued well in excess of the recommended guidelines for short-term use (at a minimum, 30 months), and no documentation demonstrating objective functional improvement, one prescription Flexeril 10 mg #90 is not medically necessary.