

Case Number:	CM15-0208208		
Date Assigned:	10/27/2015	Date of Injury:	07/25/2008
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old male, who sustained an industrial injury on 7-205-2008. Diagnoses include lumbar paraspinal muscle spasms, neuropathic pain, bilateral knee pain, status post right hip replacement on 10-28-13, and meralgia paresthetica. Treatments to date include activity modification, medication therapy, and physical therapy. On 9-15-15, he complained of ongoing low back pain with radiation to right thigh, acute muscle spasm on the right side with radiation down the right buttock and right hip. Pain was rated 7 out of 10 VAS without medication and 3 out of 10 VAS with medications. Current medications included Gralise, Ultram, Percocet, Cymbalta, and Flexeril. The provider documented "the patient did respond well to the Flexeril for acute muscle spasm given last prescription #40 taken up to 2 to 3 times per day as needed" and noted it significantly reduced pain in the back and right lower extremity. The records documented a trial prescription for Flexeril was provided on 8-13-15. The physical examination documented tenderness with palpation to the right hip and bilateral knees. There was also tenderness with muscle spasms noted to the low back. The plan of care included continuation of Flexeril. The appeal requested authorization for Flexeril 7.5mg #40. The Utilization Review dated 10-1-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), 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: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. In this case there is no evidence of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity from the medical records from 9/15/15. Therefore chronic usage is not supported by the guidelines. There is no indication for the prolonged use of a muscle relaxant. Thus the recommendation is for non-certification. The request is not medically necessary.