

Case Number:	CM15-0208553		
Date Assigned:	10/27/2015	Date of Injury:	07/16/2007
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 43 year old male who sustained a work-related injury on 7-16-07. Medical record documentation on 9-16-15 revealed the injured worker was being treated for lumbosacral disc degeneration. He reported neck pain, right shoulder pain with radiation of pain to the right leg. He had associated weakness in his leg. He reported that his back pain was unbearable and he had shooting pain down his right leg with numbness and tingling in the foot. He reported that he could no longer function without his pain medications. Lyrica was helpful for neuropathic pain and Pamelor for neuropathic burning in the leg. He reported a 50% reduction in pain and functional improvement with activities of daily living when he used his medications versus without using his medications. He rated his pain an 8 on a 10-point scale, at best a 4 on a 10-point scale with his medications and a 10 on a 10-point scale without his medications (no change from 7-15-15). Objective findings included limited range of motion in all planes in his neck. A cervical compression test caused neck pain. He had limited range of motion in the back with flexion to 30 degrees. He had sensory loss to light touch and pinprick at the right lateral calf and the bottom of his foot. He had an absent right Achilles reflex and 4-5 weakness in the right thigh flexion. Palpation revealed muscle spasm in the lumbar trunk. He had a foot drop in the right lower extremity with 4-5 weakness in dorsiflexion of the foot. He ambulated with a limp. His medication regimen included Oxycodone 15 mg, Flexeril 10 mg as needed for neck, back and shoulder girdle spasms (since at least 4-23-15), Pamelor 10 mg, Lyrica 200 mg and VESicare 5 mg. A request for Flexeril 10 mg #30 was received on 9-25-15. On 9-29-15, the Utilization Review physician determined Flexeril 10 mg #30 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg quantity 30: 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): Muscle relaxants (for pain).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months along with opioids. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.