

Case Number:	CM15-0221512		
Date Assigned:	11/17/2015	Date of Injury:	01/13/2006
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/11/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 48 year old female who sustained an industrial injury on 01-13-2006. Medical records indicated the worker was treated for intractable low back pain and lower extremity pain. In the provider notes of 10-12-2015 the worker states she is "doing the same" her analgesia is stable and satisfactory. Urine drug screens and reports are consistent with current therapy and worker history. She denies adverse side effects of the medications. She is able to sit 15 minutes, stand 10 minutes, and walk 10-15 minutes. She awakens at least 2 times nightly secondary to pain. On examination, her pain level is 6 on a scale of 0-10 with intervals never lower than 6 and sometimes higher than 7. She is unimpaired. The treatment plan is for refills of medications Norco, Gabapentin, and Flexeril. She has been on Norco, Flexeril and Gabapentin since at least 11-10-2014. A trial of MS Contin ER is started in anticipation of weaning the worker off Norco or weaning it down to a much lower dose. A request for authorization was submitted for: 1. Norco 10/325 mg Qty 120, 4 tablets daily (retrospective); 2. Gabapentin 800 mg Qty 30, 1 tablet by mouth for each 1200 mg, with 3 refills (retrospective); 3. Gabapentin 400 mg Qty 30, 1 tablet by mouth for each 1200 mg, with 3 refills (retrospective); 4. Flexeril 10 mg Qty 90, 3 times daily, with 3 refills (retrospective). A utilization review decision 10-26-2015 authorized: Norco 10/325 mg Qty 120, 4 tablets daily (retrospective); Gabapentin 800 mg Qty 30, 1 tablet by mouth for each 1200 mg, with 3 refills (retrospective); Gabapentin 400 mg Qty 30, 1 tablet by mouth for each 1200 mg, with 3 refills (retrospective) Non- approved: Flexeril 10 mg Qty 90, 3 times daily, with 3 refills (retrospective).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 90, 3 times daily, with 3 refills (retrospective): 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).

Decision rationale: This claimant was injured now 9 years ago. There is low back and lower extremity pain. The patient has been on the medicine since at least 11-10-14. Objective functional benefit out of the Flexeril usage is not noted. Acute injury muscle spasm also is not noted. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not medically necessary.