

Case Number:	CM15-0223919		
Date Assigned:	11/20/2015	Date of Injury:	08/16/2005
Decision Date:	12/31/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/13/2015

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, 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 54 year old male patient, who sustained an industrial injury on 8-16-2005. He sustained the injury due to fell off a truck. The diagnoses include lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis without myelopathy, lumbar degenerative disc disease and lumbago. Per the Notes dated 8-4-15, 9-3-15 and 10-8-15, the patient presented with complaints of low back pain, bilateral legs (left greater than right) and bilateral ankle and feet (right is severe) pain described as aching, burning, pins and needles and numbness. His pain was rated at 9-10 out of 10. He reported he was able to sit for 20 minutes and stand for 10-15 minutes and walk 10-15 feet. He reported sleep disturbance, averaging 1-2 hours. Physical examination dated 8-4-15, 9-3-15 and 10-8-15 revealed an altered gait, the lumbar spine flexion and extension less than 5 degrees with apprehension noted (he does not allow palpation) and unable to do manual muscle testing for the bilateral lower extremities due to pain; positive straight leg raising, bilaterally, at 60 degrees. The medications list includes Percocet reduces his pain by 50% and improves his ability to walk, Prilosec, Flexeril reduces his muscle spasms and allows him to sleep, Capsaicin cream (6-2015) provides pain relief and Colace. His medication regimen reduces his pain from 9 to 6-7 out of 10. He has failed SCS trial on 1/30/2013. He has undergone lumbar spine surgery on 10/11/2007. The patient uses a cane for stability and had a lumbar laminectomy which provided temporary relief. Per note dated 8-4-15 the patient experienced therapeutic failure with massage therapy, ice therapy, TENS unit, traction and chiropractic, acupuncture and physical therapies. He did experience pain relief with heat therapy. Diagnostic studies include lumbar MRI and lower extremities electrodiagnostic studies. The patient is not

currently working. He had UDS on 6/30/15 which was positive for oxycodone. An 11-14-2014 urine drug screen (UDS) was noted to be consistent with a consistent 4-29-2015 CURES, and 10-22-2014 laboratory evaluations showing normal hepatic and renal function. The treatment plan was noted to include requests for authorization for a L5-S1 interlaminar epidural steroid injection (ESI), medications including a prescription for Percocet, and an urgent psych referral for depression with suicidal ideation noted from January 2015 with no current suicidal ideation noted. The patient's work status was noted to be not currently working. The request for authorization dated 9-3-2015, requested Flexeril 7.5mg QHS #30. The Utilization Review (UR) dated 10-9-2015, non-certified the request for Flexeril 7.5mg QHS #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg QHS #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain." According to the records provided the patient had low back pain, bilateral legs (left greater than right) and bilateral ankle and feet (right is severe) pain; and difficulty sleeping. The patient has a history of a lumbar laminectomy. Per the notes, Flexeril reduces his muscle spasms and allows him to sleep. The patient has objective findings on the physical exam- an altered gait, the lumbar spine flexion and extension less than 5 degrees with apprehension noted (he does not allow palpation) and unable to do manual muscle testing for the bilateral lower extremities due to pain; positive straight leg raising, bilaterally at 60 degrees. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 7.5mg QHS #30 is medically appropriate and necessary to use as prn during acute exacerbations.