

Case Number:	CM15-0057525		
Date Assigned:	04/02/2015	Date of Injury:	08/21/2012
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female who sustained an industrial injury on 8/21/2012. Her diagnoses, and/or impressions, include: lumbar spondylosis with degenerative disc disease, bilateral facet arthrosis, bilateral neural foraminal stenosis, mild-moderate central canal stenosis and spondylolisthesis; lumbar radiculopathy and protrusion; multi-level facet arthrosis - lumbar; lumbar fusion surgery with hardware (8/12/13); failed back surgery syndrome; and right knee compartment degenerative joint disease and possible medial meniscus tear. Current magnetic resonance imaging studies, lumbar spine, are noted on 9/9/2014. Her treatments have included surgery; lumbar epidural steroid injection therapy (8/21/12) - that provided 90% improvement; and medication management. The progress notes of 2/25/2015, shows radiating right low back pain, to the right buttock, bilateral anterolateral thighs and calves; significantly improved from the lumbar epidural steroid injection. The physician's requests for treatments included decreasing dosages on several medications, to include the Flexeril for her spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 02/25/15 report, the patient presents with low back pain radiating to the right buttock, bilateral anterolateral thighs and calves. The request is for FLEXERIL 10MG QTY:10. The RFA provided is dated 02/27/15 and the patient's date of injury is 08/21/12. The diagnoses includes lumbar spondylosis with degenerative disc disease, bilateral facet arthrosis, bilateral neural foraminal stenosis, mild-moderate central canal stenosis and spondylolisthesis; lumbar radiculopathy and protrusion; multi-level facet arthrosis - lumbar; lumbar fusion surgery with hardware (8/12/13); failed back surgery syndrome; and right knee compartment degenerative joint disease and possible medial meniscus tear. Current medications include Flexeril, Norco, Neurontin and Levoxyl. The patient is retired. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per 02/25/15 report, treater states, "I recommend decreasing the patient's Flexeril to 10 tabs." Review of the medical records provided reflect the patient was prescribed Flexeril at least since 09/15/14. MTUS Guidelines do not recommend the use of Flexeril for longer than 2-3 weeks. The use of Flexeril has exceeded the 2-3 weeks recommended by MTUS guidelines. Therefore, the request for Flexeril 10mg IS NOT medically necessary.