

Case Number:	CM15-0060978		
Date Assigned:	04/07/2015	Date of Injury:	10/06/2013
Decision Date:	05/06/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male sustained an industrial injury to the neck and back on 10/6/13. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, acupuncture, epidural steroid injections, electrical stimulation and medications. The injured worker underwent anterior/posterior lumbar fusion on 12/30/14. In a PR-2 dated 2/26/15, the injured worker complained of constant postoperative low back pain associated with left thigh numbness noted to be much improved since the last exam as well as anterior neck pain with radiation into the left upper extremity and bilateral thumb numbness. Physical exam was remarkable for lumbar spine and cervical spine with decreased range of motion, positive Manor's sign, decreased sensation at the left L5 and right C6-8 distribution. Current diagnoses included cervical spine and lumbar spine intervertebral disc displacement syndrome, lumbar spine and cervical spine sprain/strain, lumbar spine and cervical spine radiculitis and status post lumbar fusion with instrumentation. The treatment plan included waiting for authorization to start postoperative physical therapy, continuing home exercise and follow-ups with the orthopedic surgeon and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs; Antispasmodics; Opioids Page(s): 16;18;64;75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in October 2013 and underwent a lumbar fusion in December 2014 with improvement. Flexeril is being prescribed on a long-term basis. Soma is also being prescribed. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term-use and was therefore not medically necessary.