

Case Number:	CM15-0086844		
Date Assigned:	05/11/2015	Date of Injury:	09/05/2014
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 42-year-old male sustained an industrial injury to the low back on 9/5/14. Previous treatment included x-rays and medications. On 2/9/15, the injured worker underwent right L5-S1 microdiscectomy with hemilaminotomy and foraminotomy. Magnetic resonance imaging lumbar spine (4/9/15) showed recurrent herniated nucleus pulposus at L5-S1 with In a PR-2 dated 4/15/15, the injured worker complained of severe low back pain with radiation to the right lower extremity. The injured worker had started physical therapy and stated that it was going well. The injured worker reported that steroids had helped for a few days, muscle relaxants were helping with spasms and that non-steroidal anti-inflammatory medications were helpful but he had developed gastroesophageal reflux disease. Physical exam was remarkable for decreased strength and sensation to the right S1 distribution, positive right straight leg raise with a slightly antalgic gait, tenderness to palpation to the lumbar spine and lumbar paraspinal musculature with spasms and decreased lumbar spine range of motion. Current diagnoses included herniated nucleus pulposus at L5-S1, status post decompression with residual/recurrent herniated nucleus pulposus and post laminectomy instability. The treatment plan included lumbar epidural steroid injections versus L5-S1 selective nerve block, continuing physical therapy and refilling medications (Naproxen Sodium, Protonix, Cyclobenzaprine, Percocet and Tramadol ER).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid Cyclobenzaprine 7.5mg tablet #60, per 4/15/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Fexmid Cyclobenzaprine 7.5mg tablet #60, per 4/15/15 order is not medically necessary.