

Case Number:	CM15-0234176		
Date Assigned:	12/09/2015	Date of Injury:	11/22/2010
Decision Date:	01/15/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/30/2015

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 41 year old male, who sustained an industrial injury on 11-22-2010. He reported foot and back pain. The injured worker was diagnosed as having bilateral foot pain, lumbar radiculitis, numbness, muscle pain, low back pain, lumbar degenerative dis disease, chronic pain, depression and chronic constipation. Treatment to date has included diagnostic testing, injection, physical therapy, chiropractic therapy and medications. The spine and nerve progress notes dated 8-10-2015, the IW complains of "aching over the right side of the body and left lower extremity. The pain is better with medication and worse with walking, bending, and sitting, standing, laying down, and lifting. He rates his pain as a 6-7 out of 10, with 10 being the worse without medication and 3 out of 10 with medication. On exam, he has positive straight leg test and his strength of the plantar and dorsiflexion of the right foot is 5- out of 5. The sacroiliac joints are tender bilaterally and there is tenderness over the thoracic and lumbar paraspinals on the right. The plan is refill his Norco, Colace and Cymbalta". The progress note on 9-8-2015 notes the approval of Flexeril. The spine and nerve progress notes dated 10-6-2015, the IW complains of "aching over the right side of the body and left lower extremity. He rates his pain as a 6-7 out of 10, with 10 being the worst in intensity without pain medications. His medication regimen is very help and allows him to perform his activities of daily living, do household chores, walk for a longer period of time. On exam, he has positive straight leg test and range of motion in all planes cases pain. He has an antalgic gait and uses a cane. The sacroiliac joints are tender bilaterally and there is tenderness over the thoracic and lumbar paraspinals on the right. The plan is refill his Norco, Colace, Flexeril and Cymbalta". Drug testing shows compliance.

The UR decision, dated 11-12-2015 denied Flexeril 7.5 mg, quantity 30. The request for authorization, dated 11-19-2015 is Flexeril 7.5 mg, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The current FLEXERIL 7.5MG DAILY #30. Treatment to date has included diagnostic testing, injection, physical therapy, chiropractic therapy and medications. The patient is permanent and stationary. He has work restrictions from a FCE that was done on 03/28/13. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)" This medication is not recommended to be used for longer than 2-3 weeks." Per report 10/06/15, the patient presents with aching over the right side of the body and left lower extremity. He rates his pain as a 6-7 out of 10, with 10 being the worst in intensity without pain medications. His medication regimen is very helpful and allows him to perform his activities of daily living, do household chores, and walk for a longer period of time. The treatment plan is refill his Norco, Colace, Flexeril and Cymbalta. The patient has been prescribed Flexeril since 09/08/15. MTUS Guidelines do not recommend use of Flexeril for longer than 2 to 3 weeks, and the requested 30 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.