MAXIMUS Federal Services

Case Number:	CM14-0115403		
Date Assigned:	08/04/2014	Date of Injury:	05/29/2003
Decision Date:	09/30/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Emergency Medicine and Emergency Medical Services, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old male who reported an injury on 05/29/2003. The mechanism of injury was not provided. The diagnoses were listed as thoracic spondylosis without myelopathy. His past treatments included medications. The diagnostic studies included an MRI of the spine from 06/19/2012 that revealed a central disk protrusion at T4-T5. His surgical history included a Laminectomy at L4-L5 level in 2011, a Lumbar Fusion done on 02/05/2014, a Bilateral T4 through T8 Medial Branch Neurotomy on 4/3/2013, and a Thoracic Radiofrequency Medial Branch Neurotomy at the left T6, T7, T8, and T9 on 10/30/2013. On 06/19/2014, the injured worker complained of ongoing thoracic and lumbar back pain. He reported having problems obtaining his medication from the pharmacy and was experiencing withdrawals. He reported that his medications brought his pain down from an 8/10 to a 4/10 and allowed him to carry out activities of daily living. Upon physical examination, the injured worker was noted to have a significant decrease in range of motion in all planes and a positive left leg lift. His medications were noted as Duragesic Patch 50 mcg, Hydromorphone 2 mg, Flexeril ER 15 mg, Lidoderm Patch, Gralise, and Senokot-S. The treatment plan was to pursue authorization for medications and to pursue authorization for an EMG of the left lower extremity. The rationale for the request was to allow him to remain active and functional. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril ER (Extend Release) 15 mg. qty: 15 Capsules: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Cyclobenzaprine Page(s): 64 41.

Decision rationale: The request for Flexeril ER (Extend Release) 15 mg. qty: 15 Capsules is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option, using a short course of therapy. Treatment should be brief. The injured worker was noted to be stable with his pain. The clinical documentation indicates that he had been prescribed Flexeril ER since at least December of 2013. Limited, mixed-evidence does not allow for a recommendation of Flexeril for chronic use. The guidelines only recommend this medication for a short course of therapy. Based on this information, continued use is not supported. Therefore, the request for Flexeril ER (Extend Release) 15 mg. qty: 15 Capsules is not medically necessary.