MAXIMUS Federal Services

Case Number:	CM14-0115665		
Date Assigned:	09/19/2014	Date of Injury:	02/12/2013
Decision Date:	10/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 56-year-old male who reported an industrial injury on 2/12/2013, 20 months ago, attributed to the performance of her usual and customary job tasks reported as a MVA. The patient is being treated for chronic low back pain, hip pain, and knee pain. The patient reported ongoing bilateral hip, low back and bilateral knee pain since his date of injury. The patient has received ongoing conservative treatment. X-rays of the pelvis the left knee were negative; x-rays of the lumbar spine demonstrated evidence of degenerative changes; x-rays of the cervical spine demonstrated degenerative changes at C5-C6 and C6-C7; left shoulder x-ray demonstrated mild AC spurring; MRI of the left knee documented degenerative changes of the posterior horn of the medial meniscus and chondromalacia patella. MRI of the lumbar spine demonstrated minimal narrowing of the left lateral recess at L4-L5 with abutment of the traversing left L5 nerve root, bilateral moderate neural foraminal narrowing at L5-S1 due to foraminal protrusion without compression of the exiting nerve roots. The patient is diagnosed with lumbar spine degenerative disc disease (DDD); neuralgia/radiculitis; lumbar disc disease; injury of the knee or leg. The patient has been prescribed gabapentin 300 mg; loading XL 600 mg; and Flexeril 5 mg nightly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Flexeril (cyclobenzaprine) 5 mg is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic knee and back pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine/Flexeril for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. The California MTUS states that cyclobenzaprine is 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. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 5 mg one per night for the effects of the industrial injury.