

Case Number:	CM14-0124566		
Date Assigned:	08/11/2014	Date of Injury:	09/23/2010
Decision Date:	10/14/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation and Pain Medicine, has a subspecialty in Pain 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 63-year-old male who sustained a remote industrial injury on 09/23/10 diagnosed with chronic cervical sprain/strain, lumbar disc herniation and status post surgery, right shoulder repetitive use sprain, bilateral hand pain/numbness, history of right inguinal hernia repair, history of umbilical hernia repair, history of anxiety/depression, sleep difficulty due to pain, and gastropathy. Mechanism of injury occurred while the patient was lifting a 95-pound jackhammer into a truck, resulting in immediate low back pain. The request for Flexeril 10mg #90 for the lumbar spine was modified at utilization review to certify Flexeril 10mg #30 for the lumbar spine to allow for weaning and subsequent discontinuation due to the recommended short-term treatment of Flexeril. The most recent progress note provided is 07/08/14. This progress report is handwritten and barely legible. It appears the patient complains primarily of good and bad days regarding constipation and back pain. The patient repots a significant reduction of heartburn and reflux with the recent use of Pantoprazole. Physical exam findings appear to reveal mostly unremarkable findings. Current medications include: Tramadol 50mg, Docusate 100mg, Pantoprazole, Temazepam 15mg, and Cyclobenzaprine 10mg. It is noted that the patient's upper gastrointestinal symptoms are better controlled on Pantoprazole, the patient is avoiding Non-steroidal anti-inflammatory drugs, and the patient is following a Gastroesophageal reflux disease diet. It is also noted that the patient's blood pressure is elevated and he should follow up with his primary care physician. Provided documents include several previous progress reports, requests for authorization, previous utilization reviews, and a qualified medical reevaluation dated 01/24/13. On 06/10/14, it is highlighted that the patient utilized Flexeril and Restoril to help him sleep. The patient's previous treatments include physical therapy, epidural injections, lumbar spine surgery, and medications. Imaging reports are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Brand name Flexeril 10 mg #90 for Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), pages 63-66 and Cyclobenzaprine (Flexeril) Page(s): 63-66, 41-42.

Decision rationale: The medical necessity of Cyclobenzaprine is compared to MTUS criteria. According to MTUS guidelines on Flexeril, "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better." Provided documentation does not meet MTUS criteria because use is outside of the acute setting as the recommended use of Cyclobenzaprine and other muscle relaxants is for short duration (typically no more than 4 weeks) and the patient's date of injury is 2010. Further, it is unclear how long the patient has been prescribed Flexeril but documentation provided highlights prescriptions of Flexeril since at least 06/10/14. There is also no documentation of spasticity or significant functional benefit with the use of Flexeril. Lastly, the dosing frequency of the requested medication is not specified in the request. For these reasons, medical necessity is not established and the request for Flexeril 10 mg #90 for Lumbar spine is not medically necessary.