

Case Number:	CM14-0127994		
Date Assigned:	08/18/2014	Date of Injury:	12/23/2013
Decision Date:	10/16/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/12/2014

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 Neurology 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:

The Injured Worker (IW) is a 26 year-old male with a reported date of injury on 12/23/2014 when he was struck by a vehicle on his left-side while collecting carts in the [REDACTED] parking lot where he worked. The IW complains of dull and achy neck pain which becomes sharp and stabbing with increased activity; left upper extremity numbness into the hand at digits 4 and 5; mid-back pain which is constant, sharp and stabbing, and burns with activity; dull achy and stiff constant pain to the lumbar spine; left shoulder pain; and bilateral knee pain with occasional swelling upon prolonged standing. A summary of diagnostic findings given in the Initial Comprehensive Spine Evaluation report dated 5/21/2014 indicates that cervical x-rays were unremarkable except for mild straightening of the normal cervical lordotic curvature; flexion and extension x-rays show no translational or angular instability. X-rays of the lumbosacral spine were unremarkable except for slight thoracolumbar scoliosis with apex about T12-L1. Flexion and extension x-rays of lumbosacral spine show no translational or angular instability. A cervical spine MRI performed 5/8/2014 was reported as normal. A lumbosacral MRI on 5/8/2014 is normal except for a 2 mm broad-based disc bulge, noted to be physiologic in nature and not a true disc protrusion, with facet and ligamentum flavum hypertrophy resulting in left neuroforaminal narrowing but no canal stenosis. A review of the records also indicates that an MRI of the right and the left knee was performed on 5/5/2104 which indicates possible tears to each knee's meniscus. A left shoulder MRI on 4/30/2014 indicates borderline impingement of the acromial joint and tenosynovitis of the biceps tendon. Lastly, an MRI of the thoracic spine on 6/10/2014 reveals 2 mm disc herniation a T5-6, 4 mm at T7-8, and a 3 mm disc osteophyte complex centrally at T8-9 which effaces the ventral subarachnoid space. A 3 mm disc dissection at T9-10 is noted, and there is also a foraminal disc osteophyte complex at this level with indents thecal sac. .Physical exam findings reported on 7/7/2014 note "positive" paraspinous process

tenderness in the cervical spine, decreased sensory evaluation in the left upper extremity to the fourth and fifth digits, and tenderness in the left shoulder and with loss of motor strength and limited range of motion. There is note of cubital tunnel pain and tenderness in the left upper extremity and a positive Finklestein's test on the left. The thoracic spine exam reveals paravertebral muscle spasm bilaterally. The lumbar spine exam notes positive Braggard's, Kemp's, Lasegue's and Valsalva tests on the left. Deep tendon reflexes are normal and equal bilaterally in the upper and lower extremities. The sensory evaluation for lower extremities is normal bilaterally, and orthopedic tests (i.e., anterior and posterior drawer tests and McMurray's test) are negative for the left and right knee. A secondary treating physician's report dated 4/30/2014 indicates that Norco 10/325 mg twice daily (qty. 120) and Flexeril 7.5 mg twice daily (qty 120) were requested. The comprehensive exam dated 5/21/2014 mentions discussion of the patient's use of medications but fails to specify any particular medication. Absent from each medical report provided is a list of current medications, and the treatment plans in the reports lack note for the continued use of any medications. From the Utilization Report dated 8/8/2014, it is apparent that Flexeril 7.5 mg (#120) had been requested again on 7/31/2014, and was subsequently non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine - skeletal muscle relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril), Medications for chronic pain, Page(s):.

Decision rationale: Flexeril is a proprietary brand of cyclobenzaprine, an antispasmodic indicated for decreasing muscle spasm secondary to low back pain. The MTUS indicates that muscle relaxants may be used but with caution, as a second-line option for the short-term treatment of acute flare-ups in patients with chronic low back pain complaints. While it is apparent that cyclobenzaprine is often used to treat musculoskeletal complaints whether or not spasm is present, this medication should not be used as a primary agent for such complaints (p. 63). When used, the MTUS specifies that it should be used for a short course of therapy, and it is not recommended to be used for longer than two to three weeks (p. 64). Cyclobenzaprine's effect is noted to be modest, and has been found to be greatest in the first four days of treatment (Cyclobenzaprine, p. 41). In this case, the physical exam notes provided for review are insufficient to specify pain symptoms or spasms significant to warrant an antispasmodic indicated for the treatment of low back pain complaints. The treatment plans fail to meet the MTUS Guidelines for treatment of chronic pain using medications, in particular, determining the purpose for a medication's use as it relates to functional objectives (Medications for chronic pain, p. 60). The records indicate that the IW has been using this medication since 4/30/2014, but there are no evaluations provided that indicate its effectiveness in reducing the IW's pain complaints or improving his functionality. There are no indications that other recommended agents (i.e., NSAIDs) have been tried as first-line options. Furthermore, the request for Flexeril 7.5 mg to be

used twice daily in the quantity of 120 (enough for eight weeks, twice daily) without instruction in any treatment plan specifying its limited, short-term use cannot be medically supported where the MTUS is clear to indicate its use should not exceed duration longer than three weeks. The request is not medically necessary.