MAXIMUS Federal Services

Case Number:	CM14-0129214		
Date Assigned:	09/22/2014	Date of Injury:	09/25/2000
Decision Date:	10/21/2014	UR Denial Date:	08/11/2014
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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 48-year-old male who has submitted a claim for chronic pain syndrome associated with an industrial injury date of September 25, 2000. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating down the left lower extremity, and right ankle pain. Pain was rated 7-8/10. He also reports numbness and weakness, and has some loss of bowel control. Physical examination showed ambulation with use of cane favoring the right lower extremity; limitation of motion of the lumbar spine; and positive straight leg raise on the left at 45 degrees. No trigger points and muscle spasms were noted. The diagnoses were chronic pain syndrome; post laminectomy syndrome, lumbar region; degeneration of lumbar or lumbosacral intervertebral disc; and sacroiliitis. Treatment to date has included oral and topical analgesics, lumbar spine surgery, lumbar ESI, sacroiliac joint injection and physical therapy. Utilization review from August 11, 2014 denied the request for Flexeril 5mg tabs, #90, 1 tab po tid prn 30 day supply, refill x1 for cervical and lumbar spine pain as an outpatient. Flexeril is not supported by guidelines when utilized daily on an indefinite basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg tabs #90 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The

Pharmacological Basics of Therapeutics, 12th ed. McGraw Hill, 2010,ACOEM Cervical & Thoracic Spine, Table 2, Summary of Recommendations, Cervical & Thoracic Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41- 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. In this case, muscle spasm and acute exacerbation of pain were not evident in the records submitted. There was also no objective evidence of failure of conservative treatment to manage pain. Furthermore, the request for 1 month supply plus 1 refill is not supported by the guideline as studies show that greatest effect is only seen in the first 4 days of treatment. The medical necessity has not been established. There was no clear indication for the request. Therefore, the request for Flexeril 5mg tabs #90 with one (1) refill is not medically necessary.