

Case Number:	CM14-0145523		
Date Assigned:	09/12/2014	Date of Injury:	12/29/2013
Decision Date:	10/28/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 28 year-old patient sustained an injury on 12/29/13 by being struck from behind by a forklift while employed by [REDACTED]. Request(s) under consideration include Flexeril 10mg every night #30. Diagnoses include chronic low back pain/ bilateral L4-S1 facet arthropathy with positive medial branch blocks/ 1-2mm disc protrusion at L4-5/ lumbar sprain/strain; chronic neck, trapezius, shoulder and ankle sprain. MRI of lumbar spine dated 4/10/14 showed mild disc dessication, mild diffuse disc bulge with minimal canal narrowing and annular tear at L4-5. The patient is s/p bilateral L4-5 and L5-S1 facet joint medial branch blocks on 7/31/14 with 70% improvement with increased range of motion. Report of 6/25/14 noted patient was taking Naprosyn, Ibuprofen, and Flexeril. There is a UDS showing presence of benzoylecgonine (metabolized from cocaine) and THC. Exam showed tenderness on palpation over lumbar paraspinal muscles over bilateral L3-S1 facet joints with 5/5 motor strength in all extremities. The patient noted failed PT, NSAIDs, and conservative treatments. Prescription for Naproxen and Flexeril were given. Report of 8/11/14 from the provider had appeal for denied medications. The patient noted unchanged pain rated at 5/10 with unchanged clinical findings of lumbar spasm, tenderness and positive facet joints. Plan included RFA at bilateral L4-5 and L5-S1 and medications. The request(s) for Flexeril 10mg every night #30 was non-certified on 8/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg every night #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants, NSAIDs Page(s): 41, 63, 68-70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 128.

Decision rationale: This 28 year-old patient sustained an injury on 12/29/13 by being struck from behind by a forklift while employed by [REDACTED]. Request(s) under consideration include Flexeril 10mg every night #30. Diagnoses include chronic low back pain/ bilateral L4-S1 facet arthropathy with positive medial branch blocks/ 1-2mm disc protrusion at L4-5/ lumbar sprain/strain; chronic neck, trapezius, shoulder and ankle sprain. MRI of lumbar spine dated 4/10/14 showed mild disc dessication, mild diffuse disc bulge with minimal canal narrowing and annular tear at L4-5. The patient is s/p bilateral L4-5 and L5-S1 facet joint medial branch blocks on 7/31/14 with 70% improvement with increased range of motion. Report of 6/25/14 noted patient was taking Naprosyn, Ibuprofen, and Flexeril. There is a UDS showing presence of benzoylecgonine (metabolized from cocaine) and THC. Exam showed tenderness on palpation over lumbar paraspinal muscles over bilateral L3-S1 facet joints with 5/5 motor strength in all extremities. The patient noted failed PT, NSAIDs, and conservative treatments. Prescription for Naproxen and Flexeril were given. Report of 8/11/14 from the provider had appeal for denied medications. The patient noted unchanged pain rated at 5/10 with unchanged clinical findings of lumbar spasm, tenderness and positive facet joints. Plan included RFA at bilateral L4-5 and L5-S1 and medications. The request(s) for Flexeril 10mg every night #30 was non-certified on 8/20/14. There is no change in pharmacological regimen despite inconsistencies on UDS. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2013. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg every night #30 is not medically necessary and appropriate.