

Case Number:	CM14-0155600		
Date Assigned:	09/25/2014	Date of Injury:	09/19/2003
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 is a 48-year-old female who reported an injury on 09/19/2003. The injury reportedly occurred when she was repairing a gate on her truck and twisted her back. The injured worker's diagnoses included low back pain, lumbar degenerative disc disease, lumbar postlaminectomy syndrome, numbness, muscle pain, chronic pain syndrome, and seizure disorder. The injured worker's past treatments included acupuncture and medications. The injured worker's diagnostic testing included a urine toxicology screening. It showed that she was negative for Norco which she had been prescribed, and she was positive for amphetamines which she had not been prescribed. An undated MRI of the lumbar spine was noted, it was noted to reveal moderate right and borderline left neural foraminal exit zone compromise without central canal stenosis. The injured worker's surgical history included back surgery in 03/2006. On 08/27/2014, the injured worker reported low back and leg pain. She also reported several seizures recently that have caused an increase in pain. She rated her pain as an 8/10 in intensity without pain medications, and as a 4/10 in intensity with pain medications. Upon physical examination, the injured worker was noted with 5/5 motor strength bilateral lower extremity, but diminished sensation in the lateral aspect of the right upper leg. She was noted with a positive straight leg raise to the left side. The injured worker's current medications included Klonopin 2 mg, Norco 10/325 mg, Keppra 1000 mg, ibuprofen 800 mg, Neurontin 800 mg, and Robaxin 500 mg. The request was for Flexeril 7.5 mg for pain and spasm flare ups. The Request for Authorization form was signed and submitted on 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle relaxants, pages 63-64. Page(s): 63-64..

Decision rationale: The request for Flexeril 7.5 mg #60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patient with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. 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. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Sedative effects may limit use. This medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker reported that she had tried Flexeril in the past, and it caused sedation. There was no documentation of the efficacy of the medication in the previous use to include decreased pain and increased functional status. The guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment, and the injured worker has already indicated that cyclobenzaprine causes sedation for her. In the absence of documentation with sufficient evidence of significant objective functional deficits, and documented evidence of the efficacy of the medication when previously used, the request is not supported. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.