

Case Number:	CM14-0166235		
Date Assigned:	10/10/2014	Date of Injury:	08/28/2012
Decision Date:	11/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Pain Management 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 is a 50 year old female with a date of injury on 8/28/2012. As per the report of 08/26/14, she complained of back and leg pain. She had back pain radiating to the right leg. She continued to take Percocet and Flexeril up to three times a day, which helped her function, work around the house and do activities of daily living with minimal side effects. An exam of the lumbosacral paraspinal region noted bilateral lumbosacral paraspinal tenderness to palpation with restrictions in mostly flexion secondary to pain. She also had tenderness to palpation over her bilateral posterior superior iliac spine. Computed tomography of the lumbar spine dated 09/05/14 revealed mild disc disease in the lower lumbar spine and moderate to marked facet arthritic changes at L4-5 and L5-S1. X-rays of the knee dated 08/21/14 revealed mild degenerative changes with joint space narrowing of lateral compartment and mild lateral tracking of the patella. An electrodiagnostic study dated 09/05/14 revealed bilateral median mononeuropathy across the wrist (carpal tunnel syndrome) which was mild on the right and moderate to severe on the left. Her current medications include Percocet and Flexeril. She underwent right carpal tunnel release in 2013. She had lumbar medial branch radiofrequency ablation with fluoroscopy on 10/29/13. Past treatments have included anti-inflammatory medications, cold therapy, home exercises, and physical therapy. She did not respond well to lumbar intra-articular facet joint injection done on 07/09/13. She had been taking Flexeril since at least 01/22/14. She took Nucynta from at least 01/22/14 to 07/22/14. She had been taking Percocet since at least 03/19/14. Diagnoses include chronic painful multilevel lumbar degenerative disc disease with degenerative anterolisthesis at L4-5 and right knee pain with imaging finding of some lateral subluxation of patella within the femoral groove. The request for Flexeril 10 mg #90 was modified to Flexeril 10 mg #30 on 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90 take one tablet 3 x a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. Chronic use of this medication is not recommended. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with prior use. Therefore, the medical necessity of the request is not established per guidelines.