

Case Number:	CM14-0096143		
Date Assigned:	09/15/2014	Date of Injury:	10/17/2005
Decision Date:	10/16/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 78-year-old male who reported an injury on 10/17/2005. The mechanism of injury was not provided. The injured worker's diagnoses were noted to include left shoulder impingement, lumbago, lumbar spasms, and CVA with residual right hemiplegia. The injured worker's past treatments included medications. He was authorized for bilateral L4-5 epidural, but was unable to get transportation. The injured worker's diagnostic testing included an MRI of the lumbar spine on 07/10/2007, which was noted to reveal multilevel degenerative disc disease with disc osteophyte complex, L2 impinged, L3 encroached, and right impinged and left effaced, L5 impinged. There were no relevant surgeries documented. On 05/13/2014, the injured worker was noted to have complaints of severe pain in the low back. He also complained of shoulder pain. Upon physical examination, the injured worker was noted with tenderness in the lumbar paraspinals. There were spasms of the left trapezius muscles, and he was unable to abduct and flex left shoulder to beyond 90 degrees. He was noted with bilateral tenderness and spasms of the L3-5 paraspinal muscles. He was also noted to have decreased sensory to the bilateral L5 region. The injured worker's medications were noted to include Flexeril 7.5 mg and ketoprofen cream. The request was for Flexeril 7.5 mg #60. The rationale for the request was to decrease spasms. The Request for Authorization form was signed and submitted on 05/15/2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Flexeril 7.5mg #60 is not medically necessary. The California MTUS Guidelines state that Flexeril may be 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 associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. The guidelines note the side effects include anticholinergic effects such as drowsiness, urinary retention, and dry mouth. The side effects limit use in the elderly. The injured worker was documented to have been using Flexeril since at least 02/2014, but the guidelines recommend this treatment as short term therapy only, as mixed evidence does not allow for a recommendation for chronic use. The documentation did not provide evidence of efficacy of the medication for the injured worker's muscle spasms. In the absence of documentation with evidence of efficacy of the Cyclobenzaprine, the request is not supported. Additionally, the guidelines state this medication is not recommended to be used for longer than 2 to 3 weeks. Lastly, as the request is written, there is no frequency provided. Therefore, the request is not medically necessary.