

Case Number:	CM14-0192487		
Date Assigned:	11/26/2014	Date of Injury:	11/06/2013
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Neurology 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 (IW) is a 47-year-old male with an injury recorded as occurring on 11/6/2013. The records provided for review state that the IW experienced a sharp pain in his low back when tightening a strap on a table at work. While a Utilization Review dated 10/30/2014 cites a medical exam and request for authorization for Flexeril 10 mg (qty 30), that medical report was not included in the records provided for review. According to the most recent report, a surgical consultation dated 9/29/2014, the IW complains of left-sided lumbar midline pain with radicular symptoms to the left lower extremity. The pain is described as sharp, burning, and numbing, rated as a 6 on a pain scale of 1 to 10. The physical exam reveals limited lumbar range of motion in flexion and extension (5 - 10 degrees). There is palpable tenderness of the lumbar spine and note that the patient has an extremely stiff lumbar spine, with paraspinal muscle spasm extending from the lumbar area to the thoracic area. The lower extremity motor exam reveals 5/5 strength; reflexes are 2+ at the patellae and absent at the ankles; it is noted that straight leg raising at 30-degrees on left and 30-degrees on right causes lumbar pain but that there is no radicular pain noted. An MRI obtained on 12/20/2013 is summarized by the consulting surgeon as indicating degenerative disk disease primarily at L3-4, L5-S1 with some mild changes at L2-3 and L4-5 but without evidence of central canal, lateral recess, nor neural foraminal narrowing. It is stated that the IW is not a surgical candidate. A review of medical exams dated 5/15/2014 and 7/15/2014 indicates that the IW has had physical therapy and chiropractic therapy which were reported as effective in reducing the IW symptoms. These two reports list medications as Tramadol, Ibuprofen, Lyrica, and Cyclobenzaprine. It is stated in the 7/15/2014 report that the IW reports frequent waking at night due to spasm in spite of nightly dosing of 10 mg Flexeril. The 9/29/2014 report indicates that the IW could benefit from a muscle relaxant and lists only Tramadol, Ibuprofen, and Nabumetone as the current medications utilized to treat the IW's back

complaints. It is apparent that a request for Flexeril 10 mg (qty 30) was submitted on 10/27/2014 in association with the treating physician's progress report of date 10/21/2014, but that request and that report were not provided for review. A Utilization Review dated 10/30/2014 non-certified that request, modifying the request to quantity 30 for the purpose of weaning to complete discontinuation, stating that the IW did not currently have acute muscle spasm or breakthrough muscle spasm (apparently, per the 10/21/2014 progress note) and implied that the IW had been using a muscle relaxant for some time, though the duration is not specified in the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Flexeril is a registered formulary of cyclobenzaprine, an antispasmodic, which may be used to decrease muscle spasm low back pain. Efficacy of some muscle relaxants, in general, appear to diminish over time and it is known that prolonged use of some of these agents may lead to dependence (MTUS Guidelines, Muscle relaxants p. 63). The MTUS states that cyclobenzaprine is recommended for a short course of therapy, and limited, mixed-evidence does not allow for this drug to be recommended for chronic use. Further, its effect is found to be greatest within the first four days of treatment (p. 64). Dosing for cyclobenzaprine is 5 mg three times daily which may be increased to 10 mg three times daily. Specifically, it is not recommended to be used longer than two to three weeks in duration. In this case, there is not a recent treatment plan submitted for review which would indicate the dosing instructions or duration intended for this medication's use, nor is there a report which would indicate its recent use. Medical reports dated 5/15/2014 and 7/15/2014 indicate that the IW had been consistent to use cyclobenzaprine 10 mg nightly, with report that the medication was ineffective at preventing frequent nocturnal episodes of spasm. It is unclear if the use of this agent continued beyond 7/15/2014 or for what duration, but the consultant's report of 9/29/2014 does not indicate its use at that time. The progress report of 10/21/2014 is not available for review, and so it is uncertain if cyclobenzaprine had been used again for any duration up to the request of 10/27/2014. If the request for quantity 30 Flexeril is to be used once nightly, this request exceeds the recommended duration of treatment (i.e., it would represent four-weeks' use) and is therefore not medically necessary. If the original request represents the continuation of therapy, as might be implied by the commentary provided in the previous Utilization Review, then its use as requested would (also) not be medically necessary -- again, as it exceeds the use recommended by the MTUS. In either case, the Flexeril 10mg #30 is not medically necessary.