MAXIMUS Federal Services

Case Number:	CM15-0013299		
Date Assigned:	01/30/2015	Date of Injury:	06/19/2008
Decision Date:	03/26/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female patient, who sustained an industrial injury on 06/19/2008. A primary treating office visit dated 11/18/2014 reported subjective complaints of severe chronic lumbar spine pain that radiates into the bilateral lower extremities. The patient is status post L4-5 decompression and fusion performed on 08/23/2010. A magnetic resonance imaging study performed 12/20/2010 revealed a recurrent or residual extruded disc fragment measuring 6-7 mm in the left lateral recess with possible l-5 impingement. Also noted, a 7-8 mm left foraminal protrusion abutting and displacing the left L-4 nerve in the foramen. She underwent exploratory surgery on 12/21/2011 and determined that the lesion was inoperable. She is deemed with full disability status. She is fully walker dependent and cannot function on job duties. The following diagnoses are applied; failed back surgery syndrome, lumbar dissc bulges, lumbar neuralgia, lumbar facet joint pain, sacroiliac joiint pain, myofascial pain/spasm, opiod dependence, diabetes type II, hyperension and osteoporosis, arthritis. On 12/19/2014 Utilization Review non-certified a request for medication Flexiril 10 MG, noting the CA MTUS Chronic Pain, muscle relaxants was cited. The injured worker submitted an application for independent medical review of the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: 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 Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 06/19/2008 and presents with chronic lumbar spine pain radiating into the bilateral lower extremities. She is also status post L4-L5 decompression and fusion. The request is for FLEXERIL 10 mg #90. The RFA is dated 12/12/2014, and the patient is currently on full disability and cannot function at work at required duties. She has paravertebral muscle spasm/tenderness, severe tenderness to palpation of the lumbar spine, tender bilateral sacroiliac joints, uses a walker for ambulation, and has a restricted range of motion secondary to severe pain. She has a positive straight leg raise, positive Kemp's, positive Minor's sign, and paresthesia along the bilateral L5 and S1 dermatomes (right greater than left). The patient has been taking Flexeril since 05/01/2014. MTUS, pages 63-66, states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Flexeril as early as 05/01/2014, which exceeds the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril IS NOT medically necessary.