

Case Number:	CM15-0118953		
Date Assigned:	06/29/2015	Date of Injury:	10/11/2013
Decision Date:	07/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male, who sustained an industrial injury on 10/11/13. The initial symptoms experienced by the injured worker were not included in the documentation. The injured worker is diagnosed with thoracic/lumbosacral neuritis (unspecified), spinal stenosis (lumbar with neurogenic claudication), sacrum disorders and arthralgia sacroiliac joint. Treatment to date has included MRI, x-ray, home exercise program, physical therapy and surgical intervention. Currently, the injured worker complains of left foot numbness at the large toe and neck pain that radiates to his left hand and middle finger. He is experiencing a burning sensation in his left triceps and trapezius muscles. His work status is temporary totally disabled. The injured worker underwent a L3-L5 posterior lumbar decompression and fusion. A note dated 8/11/14 states the injured worker experienced a decrease in pain post operatively. He also reported a decrease in pain with medication 6-7 without and 3-4 with medication in a note dated 10/20/14. In November of 2014 the injured worker began to complain of thigh tingling (left greater than right), difficulty bending over and an increase in pain after physical therapy exercise (lifting from a squat). The injured worker was evaluated on 12/29/15 and continued to have ongoing lumbar pain especially when changing position from sitting to standing. He states he has lumbar pain on the right side that radiates into his right buttock. He continues to follow his medication regimen, which includes Flexeril for muscle spasms. A note dated 1/21/15 states the inspection and palpation of the lumbar spine is within normal limits as is the range of motion. His gait is normal, there are no abnormalities noted with deep tendon reflexes in the upper and lower extremities and no deficit noted in sensory testing. The medication Flexeril 10 mg #60 is

being requested to continue to provide the injured worker relief from the muscle spasms he experiences.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in October 2013 and continues to be treated for radiating neck pain and lower extremity radicular symptoms. When seen, there was normal lumbar spine range of motion. There was right sacroiliac tenderness with positive sacroiliac testing. There was a normal neurological examination. Medications were refilled including Flexeril which was being prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use. Ongoing muscle spasms were not documented. The request was not medically necessary.