

Case Number:	CM15-0119018		
Date Assigned:	06/29/2015	Date of Injury:	01/23/2013
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
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 47 year old male who sustained an industrial injury on 01/23/2013. Mechanism of injury occurred when he was carrying 50 pound bags and felt an intense pain in the lumbar spine with radiation of pain into the buttock area. Diagnoses include bilateral lumbosacral strains, myofascial pain and lumbosacral radiculopathy. Treatment to date has included diagnostic studies, medications, physical therapy, epidural steroid injections, and home exercises. He is not working due to his employer not having any modified duties for him. His medications include Tramadol, Zolpidem, Cyclobenzaprine, Gabapentin, Nabumetone, Omeprazole, Dendracin and Lidocaine patches. An Electromyography done on 01/12/2015 revealed electrodiagnostic evidence of a left L5 radiculopathy. There is no electrodiagnostic evidence of a right lower extremity radiculopathy. A physician progress note dated 05/12/2015 documents the injured worker has continued pain in the bilateral lumbar ligaments with some radiation of pain down the bilateral lower extremities with intermittent numbness and tingling sensations affecting both legs and with left side worse than the right. He notes some weakness of the bilateral legs but denies any falls. He is willing to be managed without narcotic medications at this time. He has been taking Nabumetone with some relief but notes he must take Omeprazole, otherwise he gets gastritis type symptoms. Gabapentin helps with his paresthesias down both legs. There are muscle spasms in the bilateral lumbosacral paraspinal muscles. He takes Tramadol as needed and uses Lidocaine patches, and Dendracin cream to help with additional paresthesia control. Lumbar spine range of motion is reduced by 10%. There is tenderness, trigger points and muscle spasms to the bilateral iliolumbar ligaments and bilateral

L5 paraspinal muscles. There are muscle spasm and trigger points in the bilateral lumbosacral paraspinal muscles. There is positive bilateral straight leg raise at 40 degrees. The treatment plan includes a urine screen, a right L4-L5 and S1 epidural steroid injection, and acupuncture. Medications are to include Cymbalta, Naproxen Omeprazole, Flexeril and Neurontin; all other medications are to be discontinued. A urine drug screen will be done with his next visit. Follow up visit in one week. Treatment requested is for Flexeril 7.5 mg 1 tab po tid for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg 1 tab po tid for muscle spasms: Upheld

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

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 January 2013 and continues to be treated for radiating back pain with intermittent left worse than right numbness and tingling. When seen, he was having acute bilateral lumbar paraspinal muscle spasms. Physical examination findings included decreased lumbar spine range of motion with tenderness, and trigger points, and muscle spasms. There was decreased lower extremity strength, sensation, and ankle reflexes. Straight leg raising was positive bilaterally. Flexeril 7.5 mg three times per day was prescribed. 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 was not specified and therefore the intended duration of treatment is indeterminate. The request is not medically necessary.