

Case Number:	CM15-0127338		
Date Assigned:	07/14/2015	Date of Injury:	10/06/2013
Decision Date:	09/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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 50 year old male who sustained an industrial injury on 10/6/13. The injured worker was diagnosed as having status post lumbar fusion with instrumentation and lumbar cervical intervertebral disc disorder, sprain/strain with radiculitis. Currently, the injured worker was with complaints of lower back pain, left thing numbness, neck pain and right thumb numbness. Previous treatments included status post lumbar fusion, rehabilitation therapy, oral pain medication and oral muscle relaxants. Previous diagnostic studies included lumbar spine radiographic studies (1/9/15) revealing good position of implanted hardware and normal alignment. The injured work status was to return to modified work on 5/13/15. The injured workers pain level was not documented. Physical examination was notable for lumbar wounds healed, cervical region with tenderness and spasms, diminished sensation in right C5-C7 dermatomes and mildly positive Tinel's sign in right wrist, absent in left wrist and bilateral elbows. The plan of care was for Flexeril 5 milligrams quantity 90, 1 tablet three times daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg quantity 90, 1 tablet three times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

Decision rationale: The patient presents on 03/05/15 with lower back pain which radiates into the bilateral buttocks rated 8-9/10 on average. The patient's date of injury is 10/06/13. Patient is status post lumbar fusion surgery on 12/30/14. The request is for FLEXERIL 5MG QUANTITY 90, 1 TABLET THREE TIMES DAILY AS NEEDED. The RFA is dated 03/13/15. Physical examination dated 03/05/15 reveals tenderness to palpation of the bilateral lumbar paraspinal musculature, and an antalgic gait. The patient is currently prescribed Neurontin, Oxycontin, Flexeril, Percocet, Ibuprofen, Oxycodone, and Carisporidol. Patient's current work status is not provided. MTUS Guidelines, Cyclobenzaprine section, page 64 states: 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 anti-depressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks. In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 11/06/14. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 90 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.