MAXIMUS Federal Services

Case Number:	CM15-0128806		
Date Assigned:	07/15/2015	Date of Injury:	11/22/2010
Decision Date:	08/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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 (IW) is a 40-year-old male who sustained an industrial injury on 11/22/2010. Diagnoses include bilateral foot pain; lumbar radiculitis; numbness; muscle pain; low back pain; lumbar degenerative disc disease; chronic pain due to trauma; and depression. Treatment to date has included medication, physical therapy (PT), incision and drainage and partial toe amputation. Loss of part of the right great toe caused a disturbance in his balance and he began walking with a cane. New orthotics and shoes caused calluses on the soles of both feet, necessitating right foot surgery and callus removal from the left foot. According to the progress notes dated 6/12/15, the IW reported decreased range of motion and decreased strength in the right foot. He was authorized for PT for the low back but no appointment had been set. He reported feelings of depression and was being seen by a psychologist. He rated pain 6-7/10 without medication and 3-4/10 with medications. On examination, bilateral lower extremity strength was 5/5/ except plantar and dorsiflexion of the right foot, which was 5-/5. Sensation was intact and equal. Sciatic notches and sacroiliac joints were tender bilaterally. There was tenderness over the thoracic and lumbar paraspinal muscles on the right, with increased pain on extension and flexion. Range of motion was decreased due to pain. Straight leg raise was positive bilaterally. Callus on the bottom of the right foot was healing without signs of infection. The IW reported he was unable to get Tizanidine from the pharmacy for a few months and was having increased cramps/spasms in his legs and low back. A request was made for Flexeril (cyclobenzaprine) 7.5mg, #60 as needed for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mh, 60 tablets: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with low back and bilateral foot pain. The request is for FLEXERIL 7.5MH, 60 TABLETS. The request for authorization is dated 06/15/15. Physical examination of the thoracolumbar spine reveals sacroiliac joints are tender bilaterally. There is tenderness over the thoracic and lumbar paraspinals on the right. There is increased pain with flexion and extension. Decreased range of motion with flexion, extension, and rotation due to increased pain. Straight leg raise is positive bilaterally. Callus on bottom of right foot is healing without signs of infection. He was authorized for physical therapy for his low back but has not yet been called to schedule an appointment. He continues to feel depressed due to his chronic pain and surgeries. His medications remain helpful and well tolerated. He takes Norco for moderate to severe pain, Lunesta to help with his difficulty sleeping due to chronic pain, Tizanidine for his muscle spams, and Promolaxin for his chronic constipation due to his Norco. He is able to take care of himself by doing thing like getting around the house, showering, and cooking, with the help of his medications. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their 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." Per progress report dated 06/12/15, treater's reason for the request is "We also stated him on flexeril 7.5 mg, 1/2 to 1 tab po at bedtime for his acute flare ups of muscle spasms.” In this case, this appears to be the initial trial prescription of Flexeril. Because this is the initial trial, treater has not had the opportunity to document the medication efficacy. The request for Flexeril appears to be reasonable and within guideline indications. Therefore, the request IS medically necessary.