

Case Number:	CM15-0174433		
Date Assigned:	09/16/2015	Date of Injury:	12/05/2011
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 46 year old female who sustained an industrial injury on 12-5-11. A review of the medical records indicates she is undergoing treatment for lumbar discopathy and lumbar facet syndrome. Medical records (4-22-15 to 7-16-15) indicate ongoing complaints of lumbar spine pain, rating 6 out of 10 on 4-22-15 and 8-9 out of 10 in subsequent visits. The pain is associated with spasm, numbness, and tingling, which radiates to bilateral lower extremities to her toes. The treating provider indicates that the "pain has increased since her last visit" on 7-16-15. She has also complained of occasional left elbow pain associated with numbness and tingling, which radiates to her left hand and fingers (4-22-15). The physical exam (7-16-15) indicates "diffuse tenderness to palpation over the lumbar paraspinal muscles" and "moderate facet tenderness to palpation at the L4 through S1 levels". The following tests were positive bilaterally on examination: Piriformis tenderness, sacroiliac tenderness, Fabere's-Patrick, sacroiliac thrust test, Yeoman's test, Kemp's test, and Farfan test. The seated straight leg raise was positive at 70 degrees bilaterally causing "back pain only". The supine straight leg raise was positive at 60 degrees bilaterally causing "back pain only". Lumbar range of motion was limited in bending, flexion, and extension. Sensory and muscle testing were within normal limits. The 4-22-15 progress note indicates that her lumbar pain awakens her from sleep at night, as well as causes difficulty in performing self-care and personal hygiene. She was also noted to have difficulty being able to drive for long periods without experiencing pain. Diagnostic studies have included an MRI of the lumbar spine, an EMG-NCV, and urine toxicology. Treatment has included at least 6 visits of physical therapy - which was noted to be "helping" on 6-18-15), a

referral to pain management, medications, including Tramadol ER 150mg twice daily, Flexeril 7.5mg three times daily, Motrin 800mg twice daily, Prilosec 20 my once daily, Relafen 750mg twice daily, and Protonix 20mg once daily, a home interferential unit, chiropractic manipulation, request for bilateral L3-L4 medial branch block, innervating the bilateral L4-L5 and L5-S1 facet joints - indicating that she has "failed conservative treatment in the form of physical therapy, chiropractic manipulation, and a home exercise program", and a request for acupuncture, as the injured worker indicated that she was having difficulty sleeping and the medications were not helping (7-13-15). The utilization review (8-25-15) indicates a request for Flexeril 7.5mg twice daily, #60. This request was denied due to the recommendation for "short courses" and that there has been "no evidence provided that there has been any significant improvement as a result of the use".

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg one po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "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 antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. The documentation submitted for review indicates that the injured worker has been using this medication since at least 7/2015. There is no documentation of the patients' specific functional level or percent improvement with treatment with Flexeril. As it is recommended only for short-term use, medical necessity cannot be affirmed.