

Case Number:	CM15-0179748		
Date Assigned:	10/07/2015	Date of Injury:	06/09/2009
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This injured worker is a 59 year old female who reported an industrial injury on 6-9-2009. Her diagnoses, and or impressions, were noted to include: status-post lumbar discectomy for extruded disc (8-21-09); post-lumbar laminectomy syndrome; and status-post left lumbar "DMB RF" ablation (unhelpful). No current imaging studies were noted; magnetic resonance imaging studies of the lumbar spine were done on 6-8-2010. Her treatments were noted to include: physical therapy; injection therapy; medication management with toxicology studies (undated); and that she was retired, traveled the country and flew in for follow-up visits to receive refills of her medications which kept her pain tolerable for optimal functioning and travel. The progress notes of 8-19-2015 reported a further evaluation of: chronic low back pain with occasional radiation of symptoms down the left leg; that she had last been seen on 5-27-2015; that she had been traveling the country and flew in for the visit; that she had been doing well with medications which were keeping her active and functioning well, bringing her pain down from a 9 out of 10, to a 6 out of 10; that Gabapentin still helped her paresthesia by over 30%; and that she had her medications refilled at [REDACTED] where ever she traveled. The objective findings were noted to include tenderness over the lumbar para-spinal musculature with left side spasms, and paresthesias down the posterior thigh-knee that worsened with straight leg raise in a seated position; and that she remained stable on her medications. The physician's requests for treatment were noted to include a consultation with the pain management on her medications and that physician wrote prescriptions for her medications which included Flexeril 10 mg, 1 tablet at night, with 3 refills; and that she would return in 4 months for follow-up. No Request for Authorization Flexeril 10 mg, #30, with 3 refills was not noted in the medical records provided. The Utilization Review of 8-19-2015 modified the request for Flexeril 10 mg, #30, with 3 refills, to no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with 3 refills: Upheld

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

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

Decision rationale: Based on the 8/19/15 progress report provided by the treating physician, this patient presents with low back pain with occasional radiation of symptoms down left leg with pain rated 9/10 without Norco and 6/10 with Norco. The treater has asked for Flexeril 10MG #30 with 3 refills on 8/19/15. The request for authorization was not included in provided reports. The patient is s/p discectomy at L2-3 for extruded disc from 8/21/09, and s/p left L3-L4- L5 DMB RF ablation of unspecified date which was not helpful per 5/27/15 report. The patient has relief of neuropathic pain with use of Neurontin, which gives 30% relief per 5/27/15 report. The patient is currently retired and is not working per 8/19/15 report. MTUS Guidelines, Muscle relaxants section page 63-66 states: "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." MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, the patient is currently taking Flexeril as of progress report dated 8/19/15. It is not known when Flexeril was initiated. The patient has been doing well with the medication and denies any side effects per 8/19/15 report. While Flexeril may benefit the patient, MTUS does not support long-term use of this medication beyond a 2 to 3 week period. The current request for 30 tabs does not indicate short-term usage. Hence, the request IS NOT medically necessary.