

Case Number:	CM15-0179868		
Date Assigned:	09/21/2015	Date of Injury:	02/02/2009
Decision Date:	10/26/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 is a 50 year old female with a date of injury of February 2, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for radiculopathy and lumbar degenerative disc disease. Medical records dated July 6, 2015 indicate that the injured worker complains of lower back pain and lower extremity pain rated at a level of 8 out of 10. A progress note dated August 4, 2015 notes subjective complaints of lower back pain rated at a level of 8 out of 10 at its least and 10 out of 10 at its worst. Records also indicate that the injured worker reported 50% analgesic benefit and functional improvement with current pain medication regimen without adverse effects. The physical exam dated July 6, 2015 reveals positive straight leg raise, pain bilaterally with palpation of the lumbar spine at L3-S1, pain with palpation over the lumbar intervertebral spaces, antalgic gait, painful flexion of the lumbar spine (to 50 degrees), painful lumbar extension (to 5 degrees), and pain with bilateral lateral flexion. The progress note dated August 4, 2015 documented a physical examination that showed transitioning from seated to standing with some discomfort, and tenderness to palpation of the bilateral biceps, medial knees, greater trochanters, occiput, and lumbar paraspinal muscles. Treatment has included physical therapy since at least January of 2015, and medications (MS Contin 15mg once a day, Neurontin 600mg twice a day, Norco 10-325mg one to two tablets every twelve hours as needed, Robaxin 750mg every morning as needed, and Tramadol 50 three times a day since at least August of 2014; Flexeril 10mg each night since at least October of 2014). The treating physician indicates that the urine drug testing result "Was appropriate" (date

of test not given). The original utilization review (August 14, 2015) non-certified a request for Flexeril 10mg #30, MS Contin 15mg #20, and Robaxin-750 750mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flexeril 10 mg tablet QTY 30.00 DOS 8/4/15: 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): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril in combination with Robaxin for over a year along with MS Contin. Long-term use as well as combination of muscle relaxants is not indicated. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

Retrospective request for MS Contin 15 mg tablet QTY 20.00 DOS 8/4/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Weaning opioids (specific guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Oral morphine.

Decision rationale: In this case, the claimant has been on MS Contin for over a year. There is continued baseline 8/10 pain. There is no mention of pain score reduction or trends in the progress note on 8/4/15. In addition, failure of weaning, Tricyclic or other analgesics is not provided. Chronic use has not been studied. Continued use of MS Contin is not medically necessary.

Retrospective request for Robaxin-750 750 mg tablet QTY 30.00 DOS 8/4/15: 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: According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant was on Robaxin in combination with Flexeril and MS Contin for over a year. Long-term use is not supported by the guidelines. Multiple muscle relaxants are not justified. Continued use of Robaxin is not medically necessary.