

Case Number:	CM13-0014881		
Date Assigned:	10/07/2013	Date of Injury:	04/26/2003
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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/services.

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 patient is a 60-year-old female who reported an injury on 04/26/2003. The patient is currently diagnosed with chronic low back pain, lumbar radiculopathy, status post lumbar fusion, and status post lumbar hardware removal in 2006. The patient also has findings of mild to moderate disc space narrowing at L5-S1 with spondylolisthesis at L3-4 and multilevel lumbar degenerative disc disease and multilevel neural foraminal narrowing bilaterally with facet arthropathy of the lumbar spine. Clinical note on 07/19/2013 indicated that in regards to medication the patient continued to utilize Norco 10/325 mg, topical Terocin cream as needed, and Flexeril 7.5 mg 2 to 3 per day. Notes indicate that the patient with the use of Flexeril has had significant decrease in spasms with the patient denying any side effects from the use of the medications and states that the medications continue to decrease her pain and normalize her function. The patient underwent an Agreed Medical Evaluation on 07/30/2013 which indicated the patient to have reached maximum medical improvement with the patient receiving a 28% whole person impairment rating. Physical examination of the patient noted right psoas strength to be 4+/5 with the remaining muscle groups rated as 5/5. The patient has positive Lasgue's test on the right with positive slump test and positive straight leg raise on the right at 80 degrees eliciting pain extending to the foot. Treatment plan notes indicated a recommendation for continued modified activities as well as a home exercise program, with notes detailing that the patient was prescribed additional Norco, Flexeril, and topical Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: The Chronic Pain Guidelines indicate that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than a placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. Documentation submitted for review indicates that this patient has been prescribed Flexeril since at least 07/19/2013. However, the documentation submitted for review while indicating that the patient achieves a benefit from the medication in reducing spasms, is not supported given the guideline recommendations for only a short course of therapy with Flexeril. Given the above, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary and appropriate.