

Case Number:	CM14-0149917		
Date Assigned:	09/18/2014	Date of Injury:	06/18/2012
Decision Date:	10/20/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42 year-old female who sustained an injury on 6/18/12. She complained of lower back, bilateral knee, neck, bilateral foot, and ankle pain, migraine headache and stress syndrome. Neck exam showed mild midline tenderness extended from C2-6, mild bilateral cervical facet tenderness to C2-3 and C5-6, and mild bilateral trapezius tenderness. C-spine movements were improved and less painful. Lower back exam showed mild midline tenderness extending from L3 to S1, mild bilateral lumbar facet tenderness at L4 to S1, left more than right, bilateral mild sacroiliac joint and sciatic notch tenderness, and improved thoracic and lumbar spine movements with less pain. Exam also showed positive SLR and Lasegue's at 70 degree bilaterally. C-spine MRI showed C2-3 disk desiccation and C3-4 to C6-7 disk protrusion effacing thecal sac. L-spine MRI revealed L3-4, disk protrusion with effacement of thecal sac, L4-5 and L5-S1, diffuse disk protrusion with annular tear effacing thecal sac, narrowing of bilateral lateral recess with effacement of left and right S1 transiting nerve root, hypertrophy of facet joint. EMG dated 7/30/13 was abnormal suggestive of chronic right C7 radiculopathy. UDS on 9/9/14 was normal. Current medication includes Norco. Past treatments have included chiropractic, PT, home interferential unit, caudal with left L5 and TFESI on 10/01/13. She had improvement in lower back pain after radiofrequency cervical spine and she stopped Flexeril. Diagnoses include possible lumbar discogenic pain, bilateral lumbosacral radicular pain, L5-S1, possible cervical discogenic pain, possible bilateral cervical facet pain, C2-C3, C5-C6; wrist sprain/strain - possible bilateral wrist overuse syndrome, bilateral knee sprain/strain, bilateral ankle sprain/strain, and stress syndrome. The request for Flexeril 7.5MG #30 was denied on 09/04/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

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

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; 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. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline; it is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy in the medical records. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the medical necessity of the request is not established per guidelines. Therefore, the request is not medically necessary.