

Case Number:	CM13-0025726		
Date Assigned:	11/20/2013	Date of Injury:	10/10/2007
Decision Date:	01/21/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/18/2013

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 Internal Medicine and Cardiology, has a Fellowship trained in Cardiovascular Disease 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 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. 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 patient is a 55-year-old female who reported an injury on 10/10/2007 after she slipped on a wet floor landing heavily on her right side in a small confined space. Initially the patient applied ice and heat to the affected areas and stated after 4 days she felt slightly better and resumed her job. Upon having increased pain in her low back and right lower extremity, the patient went to [REDACTED] where the patient was treated with some muscle relaxants. The patient underwent MRI of her lumbar spine and her knee in 01/2008 which noted she had a meniscal tear for which she underwent arthroscopic surgery for repair. The patient did note some improvement in regard to her knee pain and wound up having a repeat AME in 08/2008. In 01/2013, the patient underwent a transforaminal lumbar epidural steroid injection at the bilateral L4-5 levels. The patient has also undergone right and left knee cortisone injections which improved her pain level to the right knee by 40% and the left knee by 60% lasting effect of over approximately 2 months. Prior to these injections, the patient had also undergone previous transforaminal epidural steroid injections at the L5-S1 level and L4-5 levels with about 60% to 65% relief each time. The most recent evaluation date of 11/25/2013 states the patient is using the medications Darvocet, Celexa, and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

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

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

Decision rationale: Under California MTUS Guidelines, it states Flexeril is recommended as an option for use in a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The patient has had ongoing low back pain and has been treated on and off with various medications to include Flexeril as noted in the documentation dated 2012. However, the physician failed to include the dosage of the Cyclobenzaprine, as well as the number of tablets that he would prefer the patient to be taking. Therefore, it is unclear how long medication will be used as well as at what dosage. As such, the requested service is not considered medically necessary and is non-certified.