

Case Number:	CM13-0044527		
Date Assigned:	12/27/2013	Date of Injury:	11/06/2012
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 30 year old female with a date of injury of 11/06/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar sprain/strain 2. Thoracic region strain/sprain According to report dated 09/13/2013 by [REDACTED], the patient presents with chronic upper back and low back pain. Patient reports resting and HEP helps. She reports pain as 9/10 on VAS pain scale with medications. She uses the Lidoderm patches daily and states they have been extremely helpful to relieve pain. She uses two patches at a time and is able to continue work. Examination of the lumbar spine reveals tenderness to palpation at the Lumbosacral junction with muscle tension extending up into the mid back region. Patient's medications include Flexeril 7.5mg #90, Protonix 20mg #60, Capsaicin 0.075%, Tramadol 150mg #30, Ambien 5mg and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE-FLEXERIL 7.5 MG BID PRN, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: This patient presents with chronic upper back and low back pain. The treater is requesting Flexeril 7.5mg #90. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." In this case, medical records indicate this patient has been prescribed this medication since 05/23/2013, possibly earlier, as this is the earliest report reviewed. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested Cyclobenzaprine is not medically necessary and recommendation is for denial.

LIDODERM 5 PERCENT PATCH (700 MG/PATCH) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with chronic upper back and low back pain. The treater is requesting Flexeril 7.5mg #90. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." In this case, medical records indicate this patient has been prescribed this medication since 05/23/2013, possibly earlier, as this is the earliest report reviewed. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested Cyclobenzaprine is not medically necessary and recommendation is for denial.