

Case Number:	CM13-0070017		
Date Assigned:	01/03/2014	Date of Injury:	09/19/2007
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 and 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 49 Year old male with date of injury of 09/19/2007. The listed diagnoses per [REDACTED] dated 08/19/2013 are: 1. Degenerative disc disease (DDD) of the lumbar spine 2. Lumbar radiculopathy 3. Lumbar stenosis 4. L1-L2 annular fissure According to progress report dated 08/19/2013 by [REDACTED], the patient complains of low back and right leg symptoms. He currently rates his pain 7/10 on the pain scale. He states that since his last visit, he has had persistent complaints and at time the pain level is severe and he has significant limitations with his activity level. He takes Elavil, Flexeril, and ketoprofen cream. Objective findings show range of motion of the lumbar spine remains limited in all plans. He had tenderness to palpation of the lumbar spine with spasms. Treating physician is requesting a retrospective for cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective cyclobenzaprine 7.5mg tablet #90 (Dispensed 8-19-13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient presents with low back and right leg pain. The treater is requesting a retrospective cyclobenzaprine. Utilization review dated 12/10/2013 denied the request stating that "the records reflect long-term use of cyclobenzaprine." Medical Treatment Utilization Schedule (MTUS) page 64 recommends cyclobenzaprine as a short course of therapy with limited and mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. Progress report dated 08/19/2013 by [REDACTED] states: "There is a denial letter dated 06/15/2013. This is a denial for ketoprofen cream and cyclobenzaprine. In regard to the cyclobenzaprine, the patient does utilize the Flexeril on a minimal basis for ongoing spasms." File provided for this review contained only 16 pages with only one progress report. It is unclear how long this patient has been on Flexeril. However, the treating physician indicates that this medication is to be used for "ongoing spasms." It would appear that it is prescribed for a long-term use. Medical Treatment Utilization Schedule (MTUS) allows no longer than 2-3 weeks for this medication. Recommendation is for denial.