

Case Number:	CM14-0102698		
Date Assigned:	07/30/2014	Date of Injury:	02/09/2009
Decision Date:	09/16/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational 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 patient is a 47 year old male who was injured on 02/09/2008. The mechanism of injury is unknown. Past medication history included cyclobenzaprine, trazadone, Pantoprazole, Lorazepam and Laculose. Diagnostic studies reviewed include MRI of the lumbar without contrast dated 12/31/2012 revealed status post interbody fusions with hardware in place at L4-5 and L5-S1. The fusion appeared to be solid. Progress report dated 05/16/2014 states the patient complained of low back pain and left lower extremity and left knee pain. He reported movements exacerbate the low back pain which sends intermittent "electrical" like pain into the distal left leg. He also reported severe leg cramping at the calf. On exam, motor strength is 5/5 in right lower extremity and left lower extremity revealed 4/5 in ankle dorsiflexion, ankle plantar flexion and extensor Hallucis Longus. He had positive straight leg raise of the left lower extremity. The lower extremities responded normally to reflex tests at the knees, achilles deep tendon reflex equivocal. Prior utilization review dated 06/07/2014 states the request for Cyclobenzaprine 10mg #60 is denied as there is a lack of evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cyclobenzaprine (Flexeril®).

Decision rationale: According to MTUS guidelines, muscle relaxants are recommended for short-term treatment of acute exacerbations of chronic low back pain. Chronic use of cyclobenzaprine is not recommended. This is a request for Cyclobenzaprine for a 47-year-old male with chronic low back pain. A UR denial appeal letter documents an acute low back pain exacerbation, short-term intermittent treatment, and symptomatic improvement. However, further record review shows severe or worsening symptoms at most clinic visits and essentially chronic Cyclobenzaprine use. Further, records fail to demonstrate clinically significant functional improvement including reduction in dependency on medical care from use of Cyclobenzaprine. Medical necessity is not established.