

Case Number:	CM14-0131995		
Date Assigned:	08/22/2014	Date of Injury:	07/14/2008
Decision Date:	10/01/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Rehabilitation, Pain Medicine, and is licensed to practice in California and Washington. 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 56-year-old female who reported an injury on 07/14/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 06/03/2014 indicated diagnoses of degeneration of lumbosacral intervertebral disc, disorder bursa of shoulder, displacement of lumbar intervertebral disc without myelopathy, and shoulder pain. The injured worker had back pain that radiated to the left lower extremity that radiated to the bottom of her left foot. The injured worker reported her pain 7/10, constant but variable in intensity. The injured worker reported associated symptoms were numbness or tingling in the lower extremities. The injured worker reported a pinching sensation to left buttock, to the left lower extremity of the bottom of the foot, especially after prolonged sitting. The injured worker reported that she continued to make an effort to take less Percocet, but often needed to take this medication in order to manage her pain so that she could continue her walking program and keep up maintaining her household. The injured worker reported she utilized cyclobenzaprine as needed for severe pain associated with muscle spasms, usually only at night due to it also helping her sleep. The injured worker's treatment plan included return to office in 30 days. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included cyclobenzaprine, Lyrica, Percocet, and trazodone. The provider submitted a request for cyclobenzaprine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 5MG #60 WITH 4 REFILLS: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine 5MG #60 WITH 4 REFILLS is not medically necessary. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The injured worker has been prescribed cyclobenzaprine since at least 04/08/2014. This exceeds the guidelines recommendation for short term use. In addition, the request does not indicate a frequency. Therefore, the request for Cyclobenzaprine 5mg #60 with 4 Refills is not medically necessary.