

Case Number:	CM14-0136015		
Date Assigned:	09/10/2014	Date of Injury:	04/13/2013
Decision Date:	10/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal 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:

This injured worker is a 58 year old female with a date of injury of 04/13/13. The mechanism of injury is described as this injured worker was helping a patient and that patient pulled the injured worker down causing her to fall injuring herself. The submitted records indicate the injured worker had low back pain at that time. She initially reported low back pain with right lower extremity tingling, numbness, pain, and weakness and also complained of bilateral wrist and hand numbness, as well as left knee pain. She was treated with physical therapy, chiropractic care, acupuncture, and injections, and medications including Cyclobenzaprine. The submitted records indicate that when the injured worker was seen on 07/07/14, she was no longer on Cyclobenzaprine. However, Cyclobenzaprine was prescribed on that date. On 08/13/14, the injured worker still reported low back pain with radiating symptoms to her right lower extremity. She had undergone 3 sessions of chiropractic care with minimal relief, and Tylenol and Advil caused minimal relief. She had taken Aleve with minimal relief. Medications included Norco, Flexeril, as well as LidoPro cream. She reported pain at 8/10 and objectively her gait was normal and non-antalgic. She had hyperreflexic patella and Achilles tendon reflexes bilaterally, and straight leg raise on the right caused hip pain at 40 degrees. A previous request had been made for Cyclobenzaprine, but the utilization review determination stated that continued use of Cyclobenzaprine was not indicated. It was noted the injured worker improved and so utilized that medication since at least February of 2014 and despite the long term use, there is no evidence of measurable functional improvement made by the injured worker was a direct result from the use of that medication. It was noted guidelines only recommend Cyclobenzaprine for short term treatment of acute exacerbation of chronic low back pain. Therefore, the request was non-certified. A request has been made at this time for Cyclobenzaprine or Flexeril at 7.5mg, quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Cyclobenzaprine (Flexeril) 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: The submitted records indicate that there is no muscle spasm on the last clinical exam to warrant this medication. Guidelines state this medication may be used for short term exacerbation of chronic low back pain. The submitted records also do not demonstrate functional improvement as this injured worker had been on this medication for a significant length of time. The records indicate that while the clinical note of 07/07/14 indicates the injured worker had not been on this medication at that time, she had been on the medication since at least 07/07/14 going forward. Therefore, short term use of this medication is not supported and there is lack of documentation of a rationale for continued use of cyclobenzaprine. This request is not medically necessary.