

Case Number:	CM14-0153147		
Date Assigned:	10/13/2014	Date of Injury:	02/09/2000
Decision Date:	11/12/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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, 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 62-year-old male with an injury date of 02/09/2000. According to the 08/20/2014 progress report, the patient complains of having increasing lower back pain and radiation into the buttocks and legs. He has waxing and waning of back pain, which he rates as an 8-9/10. With medications, this is reduced to 7/10. He has significant loss of lumbar lordosis with extensive midline scarring, paraspinal hypertonicity, at least of a very moderate degree. At extreme motions of extension, the patient has pain. The 06/27/14 report indicates that the patient also has pain in the right sacroiliac joint. Upon examination, the patient had tenderness in the right SI joint. The patient's diagnoses include the following: 1. History of multilevel lumbar laminectomy and fusion with probable adjacent segment syndrome. 2. Chronic lower back pain with waxing and waning lumbar radiculopathy secondary to #1 of industrial cause. The utilization review determination being challenged is dated 08/28/2014. Treatment reports are provided from 01/07/2014-08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril/Cyclobenzaprine 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) MTUS Page(s): 63,64.

Decision rationale: Based on the 08/20/2014 progress report, the patient complains of having increasing lower back pain and radiation into the buttock and legs. The request is for Flexeril/cyclobenzaprine 10 mg #90. The patient takes Flexeril up to 3 times a day for back spasm and pain. There is no indication provided as to when this patient began taking Flexeril. MTUS, page 64, states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, there is no indication of how long the patient has been taking Flexeril for, and it is unknown if the patient has been taking this on a long-term basis. Therefore, the request is not medically necessary.