

Case Number:	CM14-0159463		
Date Assigned:	10/03/2014	Date of Injury:	06/12/2013
Decision Date:	11/06/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 50-year-old male who reported an injury on 06/12/2013 while working as a bus driver. He was assisting a wheelchair customer when he bent forward to secure the security belt on the chair; he stood up, and then experienced acute lower back pain. The injured worker complained of lower back pain that radiated to the lower extremity. The diagnoses included lumbosacral neuritis, radicular syndrome of the lower extremities, and lower back pain. The MRI of the lumbar spine dated 04/03/2013 revealed a diffuse straightening of the lumbar lordotic curvature and possible dextroscoliotic curvature of the upper lumbar spine extending into the lower thoracic spine, with the possibility of slight reversal of lordosis and L4-5 with mild left lateral disc bulging. Past treatments included medication and breaks while working. The medications included ibuprofen 800 mg, Omeprazole 20 mg, and orphenadrine citrate 100 mg. The injured worker rates his pain a 7/10 using the VAS. The general examination dated 09/15/2014 revealed range of motion of the lumbar spine to be limited with flexion and with extension, lateral rotation, and lateral bending. Gait was nonantalgic with no major postural deformities or guarding. The plan of care treatment plan included cyclobenzaprine, chiropractic therapy, and possible lumbar epidural steroid injection. The Request for Authorization dated 09/16/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg 1 tab up to TID prn 30 days, #90: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine 7.5 mg 1 tab up to TID prn 30 days, #90 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that a shorter course may be better. Treatment should be brief. The clinical notes dated 09/15/2014 were not evident that the injured worker was taking the Cyclobenzaprine and rated his pain level a 7/10 using the VAS. The clinical notes dated 03/28/2014, noted that while taking the Cyclobenzaprine the injured worker rated his pain level an 8/10 using the VAS, indicating that the Cyclobenzaprine did not have an efficacy on the injured worker. The guidelines recommend using Cyclobenzaprine for a short course of therapy. As such, the request is not medically necessary.