

Case Number:	CM14-0192210		
Date Assigned:	11/25/2014	Date of Injury:	02/25/2011
Decision Date:	01/12/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/17/2014

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:

The injured worker (IW) is a 49-year-old man with a date of injury of February 25, 2011. He was working as a landscaper and was driving a company pick-up truck on the freeway. When he slowed down, his vehicle was struck from behind by another vehicle. The insurance carrier has accepted low back and lower extremities. On April 19, 2011, the IW underwent a left-sided partial laminectomy and decompression of L5-S1. He has had 24 acupuncture sessions, 8 chiropractor sessions, and 20 physical therapy sessions since the lumbar surgery. He is on a home exercise program currently. Pursuant to a clinical note dated October 6, 2014, the IW follow-up with continued complaints of low back pain. He reports radiation of pain, numbness, tingling and weakness down the left leg down to the foot, which is unchanged. Pain is rated 5-6/10 on the pain scale. On examination, there is tenderness to palpation to the bilateral paraspinals, as well as over the bilateral L4-L5 and L5-S1 facet region. Decreased sensation is noted over the left L4, L5 and S1 dermatomes. Straight leg raise test is negative on the left, however, elicits pain over the lumbar spine. The IW has been diagnosed with Lumbar facet arthropathy. Current medications include Norco 7.5/325mg, Flexeril 7.5mg, Ketoprofen 75mg, and Omeprazole 20mg. Documentation indicated that the IW has been taking Flexeril 7.5mg since at least April of 2014. The provider is requesting authorization for Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is 49 years old with a date of injury February 25, 2011. The working diagnosis is lumbar facet arthropathy/spondylosis without myelopathy. The documentation shows the injured worker was taking cyclobenzaprine as early as April 2014. There were no side effects and his pain symptoms were reduced approximately 50% temporarily. However, cyclobenzaprine is indicated for short-term use (less than two weeks). The treating physician continued cyclobenzaprine well in excess of the recommended guidelines. Consequently, cyclobenzaprine 7.5 mg #60 is not medically necessary.