

Case Number:	CM14-0025784		
Date Assigned:	06/13/2014	Date of Injury:	01/29/2004
Decision Date:	10/13/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 is a 57 year old male who was injured on 01/29/04 while he was off-loading a heavy load when he heard a pop in his back and immediately felt tingling, pain and ultimately severe numbness. Current diagnosis include cervical disc displacement without myelopathy; spinal lumbar stenosis; lumbar disc displacement without myelopathy; degeneration of the lumbar or lumbosacral intervertebral disc; major depression, recurrent; generalized anxiety disorder; and acute stress reaction. Clinical documentation indicated the patient had undergone right knee surgery including total knee replacement as well as lumbar spine surgery. MRI of the lumbar spine dated 12/15/12 revealed transitional morphology. There was evidence of prior laminotomy and probable microdiscectomy at L5-S1. There was some post-surgical scarring in the right lateral recess, which combines with facet degeneration and recurrent disc protrusion to abut and probably impinge upon the traversing nerve root. There is severe right and moderate to severe left foraminal stenosis. There were degenerative changes noted at other levels. Clinical note dated 01/24/13 indicated the injured worker continues to have chronic low back pain and increasing pain in the left leg. He also indicated he has more breakthrough pains than before. Medications include Oxycontin 20mg tab, Cyclobenzaprine-Flexeril 7.5mg tab and Lamotrigine 25mg tab. Clinical note dated 03/11/14 indicated the injured worker presents with chronic low back pain and bilateral knee pain. The injured worker indicated his right knee remains stable, and he does not feel further physical therapy will help his right knee. His left knee continues to be symptomatic and he wanted physical therapy for the left knee. The injured worker also indicated he was trembly and sweating which the psychiatrist attributed to anxiety. The injured worker has been on lamotrigine and bupropion which have been helpful for his depressive symptoms. Physical examination revealed antalgic gait. There was tenderness over the anterior knee joint; range of motion was decreased by 20% with flexion but full with extension. Crepitus and

grinding were present with palpation of range of motion. Clinical note dated 04/08/14 indicated the injured worker reported gradual worsening of low back pain radiating to his right lower extremity. He indicated that buprenorphine helps but feels that the effectiveness is slowly wearing down. The injured worker is able to perform household chores such as cleaning, washing dishes, or cooking with less pain. He also stated he continues to have depressive symptoms. The injured worker indicated his pain is reduced about 50% with the use of Buprenorphine. Clinical note dated 06/03/14 indicated the injured worker presents with chronic low back pain. The injured worker indicated that with Buprenorphine, he receives 50% pain reduction and is able to get back to certain activities of daily living. He also noticed that his mood has improved and felt much more comfortable. Clinical note dated 07/01/14 indicated the injured worker reported his pain level has improved. He attributed this to the new muscle relaxant Norflex that he was prescribed. The injured worker reported that the combination of Buprenorphine and Norflex has afforded 60% pain relief. He also indicated that he is sleeping much better and is able to sleep 7 hours per night. He also indicated he has less muscle tension and spasm. The injured worker indicated he is able to be more productive, and able to clean the house, wash dishes and able to get out more often. Medications included Buprenorphine 0.25mg SL troches, Orphenadrine ER 100mg tab, Lamotrigine 25 mg tab, Omeprazole 20mg cap, Senokot tab, and Miralax powder. Clinical note dated 08/27/14 indicated the injured worker feel that his back pain is worsening, and radiates into his bilateral anterior thighs. He reported Buprenorphine is becoming less effective Clinical note dated 09/09/14 indicated the injured worker came for medication refill, and has been compliant with his medication use. Medications included Buprenorphine 0.25mg SL troches, Orphenadrine ER 100mg tab, Lamotrigine 25 mg tab, Omeprazole 20mg cap, Senokot tab, and Miralax powder. The previous request for Cyclobenzaprine/Flexeril 7.5mg #90 was non-certified on 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBEZAPRINE/FLEXERIL 7.5 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41 of 127.

Decision rationale: Cyclobenzaprine is 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 low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. The clinical notes provided for review had documented that the patient has been on Cyclobenzaprine/Flexeril since 01/24/13, which is beyond the recommended time frame. As such, the request is not medically necessary.