

Case Number:	CM14-0026580		
Date Assigned:	06/13/2014	Date of Injury:	06/05/2012
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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 Minnesota. 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 41 year old male who reported an injury on 04/04/2012. The mechanism of injury was not noted in the documentation submitted for review. The injured worker complained of lower back pain and pain in the left knee. Upon physical exam the injured worker was noted tenderness with palpation along the paraspinal musculature and Spurling's test was negative on the right, produced a "twinge" on the left. The injured worker underwent a magnetic resonance imaging (MRI) of the left knee on 03/29/2013 and of the lumbar/thoracic spine on 04/05/2013. The injured worker was diagnosed with lumbar disc displacement without myelopathy and joint pain lower leg. The injured worker is status post bilateral lumbar diagnostic facet injection on 02/04/2014. The list of medications include cyclobenzaprine 7.5mg, tramadol/apap 37.5/325 mg, gabapentin 600mg, naproxen sodium 550mg and pantoprazole 20mg. The request for authorization form dated 02/14/2014 was provided, the rationale was not provided with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 90 CYCLOBENZAPRINE- FLEXARIL 7.5 MG. WITH DATE OF SERVICE 12/5/2013: Upheld

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

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

Decision rationale: The request for retrospective request for 90 Cyclobenzaprine - Flexeril 7.5mg with date of service 12/05/2013 is non-medically necessary. The injured worker has complained of pain to the lower back and left knee. Documentation noted the injured worker's medications include Cyclobenzaprine 7.5mg take 1 table every 8 hours as needed for muscle spasms. The California MTUS recommends Cyclobenzaprine (Flexeril) for a short course of therapy and not recommended to be used for longer than 2-3 weeks. Dosing would be 5mg three times a day but can be increased to 10mg three times a day. The request is for Cyclobenzaprine on a date of service of 12/05/2013. The earliest physician's progress note submitted for review was dated 02/19/2014. Based on the documentation provided, it is unclear if the date of service requested was the initial trial date for the medication in question. And if so, there is no documentation to support the length of time the injured worker was on the medication. Should the date of service 12/05/2013 be the initial trial date and with the medication still listed as current on the physician's note dated 02/19/2014, the length of time has exceeded the recommended course of therapy. In addition, there is a lack of documentation to support if the initial 5mg dosing was effective. There is insufficient documentation to support the request. Based on the above, the request is not medically necessary.