

Case Number:	CM14-0053630		
Date Assigned:	07/07/2014	Date of Injury:	03/16/2011
Decision Date:	10/10/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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 Pain Management 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 47-year-old female who sustained an injury on 03/16/11. On 01/29/14, she complained of constant low back radiating pain to the right lower extremity with numbness and tingling rated at 8/10. On exam, lumbar range of motion was flexion 35 degrees, extension 10 degrees, and right and left lateral flexion 10 degrees. Magnetic resonance imaging of the lumbar spine dated 02/03/14 revealed 4 millimeter posterior broad disc protrusion; bilateral moderate foramen stenosis, related to posterior lateral disc spur complex and facet hypertrophy and degenerative hypertrophic changes and stenosis. X-rays of the lumbar spine dated 02/06/14 revealed minimal disc space narrowing at L5-S1; levoscoliosis; facet hypotrophy in the lower lumbar spine with sacralization of L5 vertebral body; and minimal spondylolisthesis at L3-4. Current medications are Norco, Ambien, Soma, Terocin Pain patch, and topical analgesic Methoderm gel. Also she was prescribed Terocin lotion, Flurbi cream, gabacyclotram, Genicin, Somnicin and lumbar epidural steroid injection with lumbar decompression was recommended. Cyclobenzaprine 7.5 milligrams was prescribed on multiple occasions from 02/27/13 to 12/04/13. Cyclobenzaprine Hydrochloride 7.5 milligrams #60 was requested on 01/31/14 and 03/14/14. Diagnosis: Lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclbenzaprine Hydrochloride 7.5mg #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Flexeril) is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm on examination unresponsive to first line therapy. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Furthermore, there is no mention of any significant improvement in function with continuous use. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity for Flexeril is not established and is not medically necessary.