

Case Number:	CM14-0079633		
Date Assigned:	07/18/2014	Date of Injury:	05/07/2010
Decision Date:	08/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Emergency 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 patient has a reported date of injury on 5/7/2010. Mechanism of injury was reported as being struck by a heavy shelving unit. Patient has a diagnosis of disc herniation L4-5 and L5-S1, facet arthropathy, retrolisthesis of L4-5 and L5-S1, neuroforaminal narrowing, cervical kyphosis with degenerative disc disease and degenerative disc disease of thoracic spine. Medical records reviewed. Last report available until 5/23/14. Patient complains of low back and neck pains. Pain is 7-9/10. Patient also complains of leg cramps and complains of lower extremity weakness. Notes some burning sensation in neck, R worse than L side. Patient also has baseline urinary incontinence. Flexeril reportedly decreases spasms. Objective findings reveal antalgic gait, decreased sensation to C5-8 dermatomes and R L4-5 dermatomes. R deltoid strength is 4/5. R leg muscles are 4/5. Positive straight leg raise on R side to 45 degrees. Trapezius spasms bilaterally. MRI of Lumbar spine (10/25/12) reveals degenerative disc disease with facet arthropathy and retrolisthesis L4-5 and L5-S1; neuroforaminal narrowing L4-5 and L5-S1 on R side. No medication list was provided. Patient appears to be on Cyclobenzaprine, Omeprazole, Norco and Ketoprofen cream. Has reportedly received lumbar epidural steroid injections in the past along with physical therapy and chiropractic. Independent medical Review is for Cyclobenzaprine 7.5 mg, #30 (retrospective) Prior UR on 5/1/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 7.5mg tablet #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine(Flexeril) Page(s): 64.

Decision rationale: Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. The injured worker has noted muscle spasms and chronic pain that is not likely going to improve in the short or even long term. The injured worker has documented muscle spasms on exam. The injured worker has reported improvement in muscle spasms and pain with Flexeril that allows the injured worker to sleep. Documentation notes that patient only uses Flexeril at night for nighttime muscle spasms. There are no noted side effects. The continued intermittent use of Flexeril is medically necessary.