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| Case Number: | CM14-0171935 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 05/25/2011 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained work related industrial injuries on May 25, 2011. The mechanism of injury involved a slip and fall while opening a safe door. The injured worker subsequently complained of neck and back pain. The injured worker was diagnosed and treated for multilevel herniated nucleus pulposus of the cervical spine with moderate to severe stenosis, left lower extremity radiculopathy, cervical radiculopathy, cerviogenic headaches, lumbar herniated nucleus pulposus at L4-5 with moderate neural foraminal narrowing and status post posterior lumbar fusion at L5-S1 on 3/13/2014. Prior treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, physical therapy, consultations and periodic follow up visits. He had been on opioids along with Cyclobenzaprine since at least 4/2014. Per treating provider report dated September 12, 2014, the injured worker reported that his back felt much better as compared to before the surgery. He reported intermittent pain in the left leg with numbness at the plantar aspect of the left foot. He also complained of persistent neck pain with constant headaches. Objective findings revealed antalgic gait and decreased sensation in the left L5 and S1 dermatomes. The treating physician prescribed Cyclobenzaprine 7.5mg #60 for muscle spasms now under review. On October 6, 2014, the Utilization Review (UR) evaluated the prescription for Cyclobenzaprine 7.5mg #60 requested on September, 29, 2014. Upon review of the clinical information, UR non-certified the request for Cyclobenzaprine 7.5mg #60, noting the ongoing use of this medication does not appear to be medically necessary. The MTUS guideline was cited. On October 17, 2014, the injured worker submitted an application for IMR for review of Cyclobenzaprine 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a several months in combination with opioids. Continued and prolonged use is not medically necessary.