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| Case Number: | CM14-0192170 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 08/14/2013 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 57 year old male with the injury date of 08/14/2013. The patient presents with pain in his lower back, radiating down his left leg. The patient rates his pain as 5-9/10 on the pain scale, depending on his activities. The patient is able to do toe and heel walk with pain. The patient reports not being able to sit more than 20 minutes due to stiffness in his lower back. The patient reports not being able to stand more than 10 minutes nor walk more than 15 minutes due to weakness in his left leg. The range of his lumbar motion is limited in all directions. His lumbar forward flexion is 55 degrees, extension is 20 degrees, lateral flexion is 20 degrees bilaterally and rotation is 20 degrees bilaterally. There is tenderness and spasms over paravertebral muscles. Straight leg raising is positive on the left. Per 10/28/2014 progress report, the patient is on temporary total disability for 6 weeks. The patient is currently taking tramadol, cyclobenzaprine and hydrocodone. The diagnoses as of 02/26/2014 include lumbosacral radiculopathy and lumbar sprain/ strain. The utilization review determination being challenged is dated on 11/04/2014. Treatment reports were provided from 02/26/2014 to 10/28/2014. Diagnoses on 02/26/2014 1) Lumbosacral radiculopathy 2) Lumbar sprain/ strain. The utilization review determination being challenged is dated on 11/04/2014. Treatment reports were provided from 02/26/2014 to 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The patient presents with pain and weakness in his lower back and left leg. The request is for Cyclobenzaprine HCL 10mg #60. An MTUS guideline pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril , Amrix , Fexmid, generic available): Recommended for a short course of therapy." In this case, there is no documentation of how Flexeril has been helping the patient in terms of pain reduction or functional improvement. The treating physician does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare-up. Review of the reports show that the patient has used Flexeril since at least 08/16/2013. Therefore, this request is not medically necessary.