

Case Number:	CM14-0199293		
Date Assigned:	12/09/2014	Date of Injury:	09/28/2010
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice 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:

This is a 40 years old male patient who sustained an injury on 9/28/2010. He sustained the injury due to fell from approximately a five foot rack. The diagnoses include lumbar strain, lumbar disc disease, lumbar radiculopathy, lumbar contusion, spondylolisthesis and spondylosis. Per the doctor's note dated 9/22/2014, he had complaints of lumbar spine pain and bilateral lower extremity pain. The physical examination revealed mildly antalgic gait, lumbar spine- tender to palpation in the paraspinal regions of the lumbar spine with positive paraspinal musclespasm, mild swelling, range of motion flexion 0-40 degrees, extension 0-20 degrees, lateral bending to the left and right 0-20 degrees, negative FABER test bilaterally, negative straight leg raise bilaterally, positive facet challenge test when going into it from aflexed to an upright position, giving pain in the lumbar spine, both on the left and on the right; intact sensation, 5/5 strength and 1+ symmetrical deep tendon reflexes in bilateral lower extremities. The medications list includes Norco, naproxen, cyclobenzaprine and pantoprazole. He has had lumbar MRI dated 4/27/2012 which revealed grade 1 spondylitic anterolisthesis at L5-S1, anterolisthesis and facet hypertrophy narrows the neural foramina, resulting in impingement of the exiting nerve roots, discogenic spondylosis, moderate at L5-S1 and mild at T11 through L4; lumbar MRI dated 5/25/2013 which revealed Grade I anterior spondylolytic spondylolisthesis of L5 on S 1, due to bilateral pars defects, Schmorl's nodes at the inferior end plates of L2 and L3, and at the superior end plate of L4, modic type 2 changes at the anterosuperior end plate of L2 and at the inferior end plate of L5, disk desiccation at L5-S1 with associated decrease in disk height, L5-S1, no significant disk herniation, but with ligamentum flavum hypertrophy, which causes bilateral neural foraminal stenosis, as well as spinal canal stenosis. He has had physical therapy visits for this injury. He has had trigger point impedance imaging and localized intense neurostimulation on 4/11/14 for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 1 po tid prn: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks." According to the cited guidelines Cyclobenzaprine is recommended for short term therapy and not recommended for longer than 2-3 weeks. Short term or prn use of Cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. Per the records provided patient had chronic low back pain and lower extremity pain with tenderness and spasm. The request of Cyclobenzaprine 7.5mg 1 po tid prn is medically appropriate and necessary for this patient to use as prn for severe pain during acute exacerbation.