

Case Number:	CM14-0205093		
Date Assigned:	12/17/2014	Date of Injury:	10/31/2012
Decision Date:	02/06/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Pain 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 injured worker is a 37-year-old individual with an original date of injury of October 31, 2012. The industrial diagnoses include lumbar radiculopathy, lumbar sprain, sacral subluxation, and lumbar intervertebral disc disease without myelopathy. The patient is being treated with acupuncture, Norco, Cyclobenzaprine, and a Tens unit. There is documentation of a desire for the requesting provider to refer to pain management for interventional spine procedures. The disputed issue is a request for Cyclobenzaprine. This was denied in a utilization review on 11/26/14. The rationale for the denial was that there was no evidence of objective functional benefit with medication use. The utilization reviewer had recommended downward titration of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. The two most recent notes from October and November 2014 do not document the effect of the Flexeril. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.