

Case Number:	CM14-0075444		
Date Assigned:	07/16/2014	Date of Injury:	06/27/2000
Decision Date:	03/10/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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: California
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male who suffered a work related injury on 06/27/00. Per the physician notes from 04/08/14 he complains of chronic pain related to history of low back and bilateral leg complaints. The injured worker felt the right leg affected function more than the left. Pain is described as sharp and continuous, radiating to the bilateral legs and feet. Symptoms worsen with flexion, extension, activity, sitting, standing, and work. Symptoms improve with rest and lying down. Pain medication reduces pain level from 9/10 to 5/10. On examination the deep tendon reflexes were decreased but equal in the lower extremities. There was tenderness noted to palpation in the paraspinals of the lumbosacral spine. Tenderness was noted in the sciatic notch bilaterally. Upon right shoulder examination, there was tenderness noted over the acromioclavicular joint and clear signs of impingement subacromial bursitis and painful limited range of motion was noted. The treatment plan was renewal and prescription of medication and continued physical therapy. Diagnoses include post laminectomy syndrome lumbar region, degenerative lumbar and lumbosacral intervertebral disc lumbago and thoracic and lumbosacral neuritis and radiculitis unspecified pain in joint, shoulder region. Medications include MS Contin and Cyclobenzaprine HCL. The Cyclobenzaprine was denied by the Claims Administrator on 04/24/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 5mg tabs every 8-12 hours as needed: Upheld

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 Page(s): 41-42.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42, recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this particular case the patient has no evidence in the records of 4/8/14 of functional improvement, a quantitative assessment on how this medication helps percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.