

Case Number:	CM15-0006617		
Date Assigned:	01/21/2015	Date of Injury:	03/05/2004
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 49 year old female, who sustained an industrial injury on March 15, 2004. She has reported low back pain with associated left foot numbness and was diagnosed with chronic sacroiliac and lumbar sprain/strain and radiculitis. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, steroid injection, nerve root block, medications and work modifications. Currently, the IW complains of continued low back pain with associated lower extremity numbness in the left foot. The IW was noted to be a correctional officer and to be required to wear a 10-20 pound gun belt. After the injury in 2004, complaints of low back pain with radiating numbness to the left foot continued. Modifications of work duties were made and she no longer has to wear a belt however the pain is persistent. On May 15, 2013, examination revealed continued pain. It was noted previous magnetic resonance imaging (MRI) of the low back and low back x-rays revealed minor disc bulges and no fracture or gross abnormalities. On May 16, 2014, she underwent a nerve root block and cortisone injection. On June 9, 2014, she reported continued pain. Cyclobenzaprine 10mg was recommended. On December 8, 2014, evaluation revealed continued pain. Acupuncture and continuing physical therapy was recommended. On December 17, 2014, Utilization Review non-certified a request for cyclobenzaprine 10mg, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 22, 2014, the injured worker submitted an application for IMR for review of requested cyclobenzaprine 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It 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. Treatment should be brief. A review of the injured workers medical records reveal that she has been on cyclobenzaprine long term which is not consistent with the guideline recommendations, therefore based on the guidelines the request for cyclobenzaprine 10mg is not medically necessary.