

Case Number:	CM15-0007427		
Date Assigned:	01/26/2015	Date of Injury:	07/10/2007
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on July 10, 2007. She has reported pain in the back with radiating pain, numbness and tingling down the left leg to the foot and toes and was diagnosed with post laminectomy and fusion syndrome, left greater trochanteric bursitis and left knee pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, physical therapy, acupuncture, home exercise programs, bike riding and pain medications. Currently, the IW complains of continued pain in the back with radiating pain to the left lower extremity with associated pain, weakness, tingling and numbness of the foot and toes. The IW reported an industrial injury in 2007, resulting in chronic back pain as previously described. It was noted multiple conservative therapies were tried and failed to provide pain relief. She eventually tried lumbar fusion and required correction of a dural leak. On January 30, 2015, evaluation revealed a moderately obese, well-groomed individual with continued stabbing knee pain and low back pain with associated numbness and tingling in the foot and toes. She had an antalgic gait noted on exam. The plan was to continue medications, use a four point cane for ambulation and possible surgical intervention. On December 12, 2014, Utilization Review non-certified a request for cyclobenzaprine 7.5 mg #90, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of requested cyclobenzaprine 7.5 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are pain in joint lower leg, left knee; degeneration lumbar disc; bursitis, NOS; and syndrome postlaminectomy lumbar. Subjectively, the injured worker complains of low back pain. Symptoms are worse with sitting and repetitive bending, twisting and lifting. The injured worker complains of numbness and tingling radiating down the posterolateral left lower extremity with pain in the right foot. The most recent and only progress note in the medical records dated December 19, 2014. The documentation indicates Flexeril 7.5 is part of the injured worker's drug regimen. There is no start date for Flexeril documented in the medical record. The duration for Flexeril use is unclear. The documentation does not contain evidence of objective functional improvement. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. The request for authorization has a quantity of #90, which is in excess of the recommended guidelines (less than two weeks). Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of cyclobenzaprine in excess of the recommended guidelines, cyclobenzaprine 7.5 mg #90 is not medically necessary.