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| Case Number: | CM15-0100621 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 04/26/2012 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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, California

Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 04/26/2012. On provider visit dated 03/09/2015, the injured worker has reported neck pain with radiation into the right arm and lower back. Per documentation, the injured worker pain was rated a 3/10 with medications allowing for improved function and mood his pain without 5/10. He was noted to have to be status post lumbar radiofrequency on 02/13/2015. On examination of his gait was noted as limping with a right knee immobilizer present. Lumbar spine was noted to have tenderness along bilateral L4, L5 and S1 facets as well as the paravertebral muscles. Gaenslen's sign was positive. Lumbar facet loading was positive on both the sides. The diagnoses have included lumbar facet syndrome, lumbago and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included injections, home exercise program and medications: Ibuprofen and Cyclobenzaprine. The provider requested Cyclobenzaprine 10mg for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril
Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with NSAIDs for several months. Continued use is not medically necessary.