

Case Number:	CM15-0107486		
Date Assigned:	06/11/2015	Date of Injury:	09/08/2014
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/03/2015

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

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:

This is a 36 year old male with a September 8, 2014 date of injury. A progress note dated April 22, 2015 documents subjective findings (chronic neck and lower back pain), objective findings (none recorded; a progress note dated March 25, 2015 noted the following: tenderness noted over the lumbar paraspinal muscles overlying the facet joints in both sides; trigger points noted over lower lumbar paraspinals; muscle spasm noted over lower lumbar paraspinals), and current diagnoses (myofascial pain; ilioinguinal nerve neuritis; genitofemoral nerve neuralgia; degeneration of lumbar intervertebral disc; chronic pain). Treatments to date have included medications, physical therapy (lessening of pain complaints and improvement in strength and endurance), chiropractic treatments (reduction of pain by 50% for approximately one week), home exercise, and imaging studies. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, #30 prescribed 4/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of muscle relaxants as a treatment modality for pain. Cyclobenzaprine is 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. Treatment should be brief. In this case, the medical records indicate that Cyclobenzaprine is being used as a long-term treatment strategy for this patient's symptoms. Per the above cited guidelines, long-term use of Cyclobenzaprine is not recommended. It is only intended for a short course of therapy. For this reason, Cyclobenzaprine #30 is not considered as medically necessary.