

Case Number:	CM15-0108015		
Date Assigned:	06/12/2015	Date of Injury:	02/21/1990
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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: Florida

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 49 year old female, who sustained an industrial injury on 2/21/1990. The mechanism of injury was not noted. The injured worker was diagnosed as having sciatica and lumbar herniated nucleus pulposus without myelopathy. Treatment to date has included diagnostics, activity modification, lumbar epidural injections, and medications. Currently (4/07/2015), the injured worker complains of intractable back pain with radiation to the right gluteal area and left lower extremity. Current medications included Wellbutrin, Lorazepam, Atenolol, Metformin, Glipizide, Aspirin, Anaprox DS, Lidoderm, Norco, and Soma (not taking and/or as needed). Multiple radiographic imaging reports were referenced and a physical exam was not documented. She received a left sacroiliac joint injection, trigger point injection to the right sacroiliac region, and dispensed Tramadol and Cyclobenzaprine. She was allergic to Motrin and was unable to take anti-inflammatories (per progress report). She was to continue Lidoderm and Norco. The use of muscle relaxants was noted since at least 8/2014, noting current medication use to include Cyclobenzaprine. Urine toxicology was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): (s) 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence". Likewise, this request for Flexeril is not medically necessary.