

Case Number:	CM15-0130234		
Date Assigned:	07/16/2015	Date of Injury:	10/01/2014
Decision Date:	08/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 10/01/2014. Diagnoses include lumbago and generalized anxiety disorder. Treatment to date has included conservative care including medications, physical therapy, and diagnostics. Per the Primary Treating Physician's Progress Report dated 6/18/2015, the injured worker presented for a new non-industrial injury to the lumbar spine with acute exacerbation with myofascial pain and sudden sharp pain extending proximally up into the thoracic spine and down into the buttocks getting worse over the next 2-3 days. This occurred when he missed a step going down a staircase. He rates his pain as up to 10/10 at its worst in severity. Physical examination revealed straight leg raise inconsistent findings and a slightly antalgic gait with guarded movements. The plan of care included medications and authorization was requested for Cyclobenzaprine 10mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cyclobenzaprine 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with new nonindustrial injury lumbar spine: sudden sharp pain extending proximally (up into T spine) and down into buttocks, getting worse over next 2-3 days. The request is for 1 PRESCRIPTION OF CYCLOBENZAPRINE 10MG #30 WITH 1 REFILL. The request for authorization is dated 06/24/15. Physical therapy has been beneficial. Patient's work status is not provided. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater does not specifically discuss this medication. The patient has been prescribed Cyclobenzaprine since at least 11/13/14. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Cyclobenzaprine #40 with 1 refill would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.