

Case Number:	CM15-0130417		
Date Assigned:	07/16/2015	Date of Injury:	08/20/2011
Decision Date:	08/12/2015	UR Denial Date:	06/09/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 46 year old female, who sustained an industrial injury on 8/20/2011. The mechanism of injury was a backward fall and bookcase landing on top of her. The injured worker was diagnosed as having anterior/posterior lumbosacral fusion on 3/9-10/2015, lumbago, spinal stenosis and lumbar sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included lumbosacral anterior/posterior fusion, cognitive behavior therapy, home exercise, physical therapy, trigger point injections, chiropractic care, acupuncture, epidural steroid injection and medication management. In a progress note dated 5/22/2015, the injured worker complains of low back pain, rated 9/10 that radiated to the bilateral thighs, legs and feet. Physical examination showed a mid-strike antalgic gait. The treating physician is requesting Cyclobenzaprine 5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

Decision rationale: This claimant was injured in 2011 from a backward fall and bookcase landing on top of her. The diagnoses were anterior/posterior lumbosacral fusion on 3/9-10/2015, lumbago, spinal stenosis and lumbar sprain/strain. Treatment to date has included lumbosacral anterior/posterior fusion, cognitive behavior therapy, home exercise, physical therapy, trigger point injections, chiropractic care, acupuncture, epidural steroid injection and medication management. As of May, there is still low back pain and a mid-strike antalgic gait. No spasm is noted. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore the request is not medically necessary.