

Case Number:	CM15-0135201		
Date Assigned:	07/23/2015	Date of Injury:	11/07/2012
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 52 year old female who sustained a work related injury November 7, 2012, after a slip and fall with injury to her neck, back and bilateral wrists. Past history included occipital headaches with bilateral occipital nerve injections and bilateral carpal tunnel syndrome, left worse than right. According to a secondary treating physician's progress report, dated May 27, 2015, the injured worker presented with complaints of sharp stabbing low back pain with weakness, rated 6 out of 10, associated with repetitive movement. The injured worker is noted to suffer from depression and lack of motivation. Examination of the lumbar spine revealed; flexion 40 degrees, 60 degrees; extension 5 degrees and 25 degrees; and left and right lateral bending 5 degrees and 25 degrees. There is tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles. There is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. Sitting straight leg raise is positive. Diagnoses are lumbar disc protrusion; depression. At issue, is the request for authorization for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the long-term use of this medication. The request for Flexeril 7.5 mg #90 is not medically appropriate and necessary.