

Case Number:	CM15-0137059		
Date Assigned:	07/27/2015	Date of Injury:	04/23/2010
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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 59-year-old female with an industrial injury dated 04/23/2010. Her diagnoses included radiculopathy (lumbar spine), radiculopathy (cervical), sciatica, lumbar spondylosis, fibromyalgia/myositis and unspecified neuralgia neuritis and radiculitis. Prior treatment included cervical fusion, chiropractic treatment and medication. She presents on 05/20/2015 with a complaint of pain in her back and left wrist. She also has a deep ache in the buttock region that will cause radiation into bilateral hips and buttocks and bilateral lower extremities into the calf. She reports that the pain is at its least a 3/10 and at the worst is a 10. Pain at the visit was rated as 5/10. Physical examination noted she did not appear to be impaired by her medications. Lumbar spine exam noted tenderness with straight leg raise on the left being positive. Palpable twitch positive trigger points were noted in the lumbar paraspinal muscles. There was pain with lumbar flexion. The provider documents the injured worker continues with well controlled pain. She continued to use medications on an as needed basis. She was stable on her medication. Urine drug screen was consistent with prescribed medication. CURES were reviewed. The provider documents the injured worker should follow up every 30-45 days. The following treatments were authorized: Retrospective: Ibuprofen 600 mg, #200 (DOS: 05/20/2015). Retrospective: Prolonged services (DOS: 05/20/2015). Retrospective: Random drug screen, other than chromatographic (DOS: 05/20/2015). Retrospective: Wellbutrin 150 mg, #60 (DOS: 05/20/2015) The treatment request for review is Retrospective: Cyclobenzaprine 7.5 mg, #180 (DOS: 05/20/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine 7.5mg, #180 (DOS: 05/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) - Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker is using cyclobenzaprine in a chronic nature, which is inconsistent with the recommendations of the guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for retrospective: Cyclobenzaprine 7.5mg, #180 (DOS: 05/20/2015) is not medically necessary.