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| Case Number: | CM15-0138800 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 03/02/1998 |
| Decision Date: | 09/22/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 3-2-98. The injured worker has complaints of low back pain that radiates to both legs, but primarily to the right leg. The documentation noted that there is joint effusion in the right knee and limited active range of motion. The diagnoses have included low back pain; lumbar radiculopathy; carpal tunnel syndrome and chronic pain syndrome. Treatment to date has included left carpal tunnel release and left trigger thumb release on 5-23-14; steroid injections to the left thumb; transcutaneous electrical nerve stimulation unit; cyclobenzaprine; gabapentin and naproxen. The request was for cyclobenzaprine 10mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work-related injury in March 1998 and is being treated for radiating low back pain. When seen, she was having worsening back and bilateral buttock pain. Her BMI was over 33. There was positive right straight leg raising. There was decreased right knee range of motion with a minimal joint effusion and decreased knee strength. There was a decreased right Achilles reflex. There was a slightly antalgic gait. Cyclobenzaprine has been prescribed since at least February 2015. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.