

Case Number:	CM15-0141061		
Date Assigned:	07/30/2015	Date of Injury:	04/15/2015
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 4-15-15 Initial complaint pf a fall onto buttocks with immediate back pain. The injured worker was diagnosed as having lumbar spine radiculopathy; lumbar disc herniation at L4-5 with severe stenosis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (5-8-15). Currently, the PR-2 notes dated 5-19-15 indicated the injured worker complains of back pain for more than one month. The initial treatment was x-rays of the low back and prescription for Ibuprofen and Soma on the date of injury. He also has 5 sessions of physical therapy of little to no benefit. A MRI of the lumbar spine was ordered. A MRI of the lumbar spine was completed on 5-8-15 impression there is a 6mm AP right paracentral and central disc protrusion at the L4-5 level causing moderately severe spinal canal stenosis and compressing the right L5 nerve root as it exists the thecal sac. Mild disc bulge at the L3-4 level along with thickening of the ligamentum flavum and epidural fat causes mild spinal canal stenosis. He denied having any acupuncture, chiropractic therapy, injections or surgery since his injury. His pain is described as low back sharp aching pain which is equal on both sides. He rates his pain as 9 over 10 and notes it radiates down his right lower extremity to the foot. He reports his entire right foot is numb but denies any pain numbness or tingling down the left lower extremity. Aggravating factors are reports as prolonged walking, sitting, or standing. Lying down and rest alleviates the pain. On physical examination the provider documents a slow antalgic gait with palpation tenderness in his right lumbar paraspinous region with palpable spasm in his right lumbar paraspinous region. He has a decreased sensation at L5 dermatome on the right; straight leg raise on the right at 20 degrees elicits severe low back pain. The treatment

plan discussed treatment options due to the severe low back pain with right leg symptoms and his MRI findings of large disc herniation at L4-5 with severe stenosis. An option of a microlumbar decompressive surgery was discussed and the injured worker would like to think about it for now. Another option and request was for a transforaminal epidural injection on the right at L4 and L5. Also, request was made for chiropractic treatment to help decrease his pain and increase his activity. The provider is requesting authorization of Cyclobenzaprine 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Cyclobenzaprine for several months in combination with opioids. Continued and long-term use is not medically necessary. Therefore, the request is not medically necessary.