

Case Number:	CM15-0142483		
Date Assigned:	08/03/2015	Date of Injury:	07/24/2002
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/22/2015

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 38 year old male with an industrial injury dated 07-24-2002. His diagnoses included syndrome post laminectomy - lumbar, pain in joint - lower leg - left knee and pain - psychogenic. Prior treatment included chiropractic treatment, lumbar fusion in 2004 and medications. He presents on 06-03-2015 for follow up of low back pain. He denies acute changes in pain. He continued to have lower back pain with radiation to his bilateral lower extremities, right greater than left. Radicular symptoms occur as shooting pains and are increased with activity. He used Flexeril for muscle spasms as well as Ibuprofen on an intermittent as needed basis. Spasm and guarding was noted in lumbar spine. His current medications included Ibuprofen, Cyclobenzaprine and Ativan. The treatment request for Ibuprofen 800 mg #90 was authorized. The treatment request for review is Cyclobenzaprine 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant has a remote history of a work injury and is being treated for radiating low back pain. He underwent a lumbar fusion in 2004. When seen, he had recently started chiropractic treatments. Flexeril was being used intermittently for muscle spasms. Physical examination findings included lumbar spine guarding with muscle spasms. Flexeril was refilled and being prescribed monthly since at least November 2014. Flexeril (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. Although intermittent use is referenced, it is being continuously prescribed. Ongoing prescribing is not medically necessary.