

Case Number:	CM15-0142806		
Date Assigned:	08/03/2015	Date of Injury:	05/12/2014
Decision Date:	08/31/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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 30 year old female, who sustained an industrial injury on 5-12-2014. She reported low back pain from pulling and lifting activity. Diagnoses include displacement of lumbar disc without myelopathy and disorder of bursae and tendons in the shoulder region. Treatments to date include activity modification, physical therapy, and epidural steroid injection. Currently, she complained of increasing low back pain with radiation to bilateral lower extremities. On 7-6-15, the physical examination documented lumbar tenderness and positive lumbar facet loading maneuver. The straight leg raise test was positive bilaterally. The plan of care included a prescription for Cyclobenzaprine 10mg tablets, one tablet twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg Qty 60, take twice daily: Upheld

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

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

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for radiating low back pain. When seen, there was decreased lumbar spine range of motion with tenderness. Facet loading was positive. There was positive straight leg raising bilaterally. Medications were refilled including cyclobenzaprine, which was being prescribed on a long-term basis. 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 and was not medically necessary.