MAXIMUS Federal Services

Case Number:	CM15-0143021		
Date Assigned:	08/03/2015	Date of Injury:	08/07/2013
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
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: 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 36-year-old female, who sustained an industrial injury on 08-07-2013. She has reported injury to the low back and left buttock. The diagnoses have included residuals of sprain of the lumbar spine; non-verifiable radiculopathy, left lower extremity; and sacroiliac joint pain. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit, sacroiliac joint injection; epidural steroid injections, and physical therapy. Medications have included Norco, Cyclobenzaprine, Gabapentin, and Lidoderm patch. A report from the qualified medical evaluator, dated 05-04-2015, documented an evaluation with the injured worker. The injured worker reported almost constant low back pain, more on the left side associated with some burning sensation; periodically, the pain travels down to the left leg; the intensity of the pain varies from 3-8 on a scale of 0 to 10; she has numbness and tingling of the left buttock and at times, and swelling of the left foot; sitting for 20-30 minutes, or standing and walking for 15-30 minutes also increased the pain; she has difficulty with cleaning, driving, working, carrying things, and exercise; she uses a back brace for comfort; and she is currently working and performing a desk job. Objective findings included inspection of the lumbar spine showed no evidence of kyphosis except for mild scoliosis; tenderness to touch detected in the sacroiliac joints and paravertebral muscles on the left side; limited range of motion of lumbar spine; straight leg raising test was negative in supine and sitting position; and sensation to light-touch and pinprick within normal limits. The treatment plan has included the request for Cyclobenzaprine 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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 over a year in combinatin with opioids and topical analgesics. Continued and chronic use is not medically necessary.