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| Case Number: | CM15-0144461 | | |
| Date Assigned: | 08/05/2015 | Date of Injury: | 10/17/2008 |
| Decision Date: | 09/28/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/24/2015 |

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: California

Certification(s)/Specialty: Emergency Medicine

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 54 year old male, who sustained an industrial injury on 10-17-2008. He reported a pop and pain in his back while placing crates of grapes into a truck. The injured worker was diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease, lumbar herniated nucleus pulposus, and lumbar facet arthropathy. Treatment to date has included diagnostics, lumbar spinal surgery in 2010, chiropractic, acupuncture, physical therapy, epidural steroid injections, and medications. The use of Flexeril at 7.5mg twice daily was noted since at least 12-2014. Currently, the injured worker complains of ongoing low back pain with no significant changes to his overall condition since his last visit. He continued to utilize a cane for ambulation and back corset for support and stability. He continued to describe low back pain with radiation of numbness, tingling, and cramping pain to the bilateral lower extremities extending down to the toes. His back pain was rated 8-9 out of 10. His upper back pain was rated 6-8 out of 10. Current medications included Cymbalta, Norco, Prilosec, Gabapentin, Flexeril, Pamelor, Naproxen, and MS Contin. He reported occasional constipation and incontinence. He also noted the utilization of Ketoprofen and Capsaicin cream. He reported that medication regimen reduced pain by about 50% and improved sleep. He started Cymbalta on his last visit and did not notice an improvement yet. He reported that his insurance would not authorize his Norco and MS Contin and he was able to get the medications through his spouse's insurance, but would no longer be able to do this. He described difficulty with activities of daily living. Work status was deferred. The treatment plan included the continued use of Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least 8months. There is documentation of some improvement. The number of tablets is not consistent with short term use. Chronic use of Cyclobenzaprine is not medically necessary.