

Case Number:	CM15-0147433		
Date Assigned:	08/10/2015	Date of Injury:	09/29/2004
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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, North Carolina
 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 56-year-old male, who sustained an industrial injury on 9-29-04. He has reported initial complaints of a back injury. The diagnoses have included lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral sacroiliac arthropathy and mood disorder. Treatment to date has included medications, activity modifications, work modifications, diagnostics, and other modalities. Currently, as per the physician progress note dated 7-2-15, the injured worker complains of chronic low back and bilateral sacroiliac joint pain. The low back pain radiates up the mid back and into the base of the neck. The low back pain also radiates down the both legs and is associated with numbness and tingling in the both legs. The injured worker states that the medications and compounded creams are beneficial with alleviating the pain. The physical exam reveals lumbar tenderness to palpation, decreased range of motion due to pain and stiffness, tenderness over the bilateral sacroiliac joints, positive Fabere and Patrick's tests and positive straight leg raise at 20 degrees bilaterally. The current medications included Fexmid, Nalfon, Paxil, Prilosec, Ultram and compounded analgesic topical creams. There is no previous urine drug screen noted in the records. The physician requested treatment included 90 tablets of Flexeril (Cyclobenzaprine) 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Flexeril (Cyclobenzaprine) 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic pain Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as second-line agents in the treatment of acute exacerbations of chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. Cyclobenzaprine is thus recommended for short-term use. In this case, the patient has been taking Cyclobenzaprine since at least 3/15/2015 and the current request is for an additional #90 tablets. This is outside the guidelines criteria for short-term (less than 2 weeks) usage. Therefore, the request is deemed not medically necessary or appropriate.