

Case Number:	CM15-0147568		
Date Assigned:	08/10/2015	Date of Injury:	06/13/2003
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: Texas, 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 56-year-old female with an industrial injury dated 06-13-2003. The injured worker's diagnoses include lumbar disc displacement without myelopathy, lumbar spinal stenosis and sciatica. Treatment consisted of MRI of lumbar spine, prescribed medications, physical therapy, epidural injections, acupuncture therapy and periodic follow up visits. In a progress note dated 06-30-2015, the injured worker reported chronic low back pain and bilateral lower extremity pain. He injured worker reported flare-up of pain since April 2015. The injured worker also reported that the low back pain radiates down her right lower extremity with associated numbness and tingling. Objective findings revealed tenderness to palpitation at the right sided lumbosacral region, decreased lumbar range of motion, decreased sensations in the right lower extremity and decrease motor strength in the right lower extremity. Tenderness to palpitation in the right medial calf was also noted on exam. The treatment plan consisted of medication management. The treating physician prescribed Cyclobenzaprine 5mg #90, now under review. Per the note dated 8/7/15, the patient had complaints of low back pain with radiation in bilateral lower extremity at 5-8/10. Physical examination of the low back revealed antalgic gait, tenderness on palpation, limited range of motion, 4/5 strength and decreased sensation and reflexes. The medication list include Cyclobenzaprine, Hydrocodone, Gabapentin. The patient has had UDS on 5/7/15 that was consistent for Hydrocodone. The patient has had MRI of the lumbar spine on 11/23/13 that revealed disc protrusions, foraminal narrowing, the patient had received an unspecified number of PT visits for this injury. The patient sustained the injury due to lifting activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42 NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

Decision rationale: Request Cyclobenzaprine 5mg #90. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." The injured worker's diagnoses include lumbar disc displacement without myelopathy, lumbar spinal stenosis and sciatica. In a progress note dated 06-30-2015, the injured worker reported chronic low back pain and bilateral lower extremity pain. He injured worker reported flare-up of pain since April 2015. The injured worker also reported that the low back pain radiates down her right lower extremity with associated numbness and tingling. Objective findings revealed tenderness to palpitation at the right sided lumbosacral region, decreased lumbar range of motion, decreased sensations in the right lower extremity and decrease motor strength in the right lower extremity. Per the note dated 8/7/15 the patient had complaints of low back pain with radiation in bilateral lower extremity at 5-8/10. Physical examination of the low back revealed antalgic gait, tenderness on palpation, limited range of motion, 4/5 strength and decreased sensation and reflexes. The patient has had MRI of the lumbar spine on 11/23/13 that revealed disc protrusions, foraminal narrowing, the patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, with this, it is deemed that, the use of the muscle relaxant Cyclobenzaprine 5mg #90 is medically appropriate and necessary in this patient.