

Case Number:	CM15-0147617		
Date Assigned:	08/10/2015	Date of Injury:	06/05/2013
Decision Date:	09/16/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/28/2015

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 38-year-old male who sustained an industrial injury on 6-5-13. The Designated Treating Physician's Permanent and Stationary Report dated 5-22-15 indicates that the injured worker complained of "sudden pain" in his lower back while lifting an inanimate object while performing his job duties. It states that over time, "his condition began to deteriorate" and he complained of pain and parasthesias into the left lower extremity. His initial treatment was medication. However, due to continued complaints, he underwent an MRI and an electrodiagnostic consultation. He, later, had an x-ray of his lumbosacral spine. A functional capacity evaluation was requested. He received chiropractic care, which was found to be "quite helpful" in reducing symptoms, as well as acupuncture. He also had a TENS unit, went to physical therapy, and was instructed on a home exercise program. He was referred to an orthopedic provider. His diagnoses include chronic lumbar sprain and strain with myofascial pain and clinical and electrodiagnostic evidence of an L5 radiculopathy on the left. Treatment recommendations on the 5-22-15 report included physiotherapy modalities and procedures, exercise and conditioning, medications and the consideration of steroid injections. A surgical consultation was also recommended. The PR-2 dated 6-30-15 indicates that the injured worker presented for follow-up regarding his chronic low back pain. He described the pain as "sharp" and rated it "7 out of 10". The pain was noted to be "left-sided at the lumbosacral junction". The pain was noted to be aggravated by prolonged standing, sitting, lifting, and pushing heavy objects. He was being treated with anti-inflammatory medications, Flexeril, a home exercise program, and a TENS unit. He was also attending chiropractic treatments. The treatment plan was to continue conservative care, which included the medications naproxen, omeprazole, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Cyclobenzaprine 7.5mg, #60, DOS: 06/30/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Flexeril (Cyclobenzaprine) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 1month. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.