

Case Number:	CM15-0148391		
Date Assigned:	08/11/2015	Date of Injury:	08/21/1987
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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 48 year old female who sustained an industrial injury on 08-21-1987. Mechanism of injury occurred when she was picking up an item off the conveyor belt when she twisted her lower back. Diagnoses include chronic pain, lumbar spot laminectomy syndrome-status post L4-S1 fusion in 2006, and long term use of medications. Treatment to date has included diagnostic studies, medications, physical therapy, home exercises, and surgery. Her medications include Cymbalta, Gabapentin, cyclobenzaprine and Buprenorphine. A physician progress note dated 07-08-2015 documents the injured worker is complaining of increased pain in her low back with pain radiating down the right lower extremity with spasm and numbness and tingling. Her medications reduced her pain from 8 out of 10 to 4 out of 10 on the Visual Analog Scale. She also complains of anxiety and depression. She has spasm present and guarding in her lumbar spine, right paraspinous lumbar triggering trigger points were present along the L4-5 and S1 paraspinous and there was decreased sensation in L3-L4, right L5 and S1 dermatomes. Straight leg raise was positive on the right. She has an antalgic gait. Treatment requested is for Cyclobenzaprine 5mg #90.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

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

Decision rationale: CA MTUS recommends muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Flexeril (Cyclobenzaprine) is recommended for a short course of therapy. Best effect is seen in the first 4 days of treatment. Limited, mixed evidence does not allow for a recommendation for chronic use. In this case, the date of injury was 1987. There is no documentation of an acute exacerbation of symptoms. It is unclear what the duration of treatment has been with Flexeril from the documentation presented for review. Therefore the request for Cyclobenzaprine 5 mg #90 is not medically necessary or appropriate.