

Case Number:	CM15-0162332		
Date Assigned:	08/28/2015	Date of Injury:	02/04/2015
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, 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 34 year old male, who sustained an industrial injury on 2-4-15. He has reported initial complaints of a fall from scaffolding with injury to the low back, right leg and knee. The diagnoses have included lumbago, pain in joint of lower leg, thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome, other back symptoms, sleep disturbance, lumbar strain and sprain, and knee, leg, ankle and foot injury. Treatment to date has included medications, rest, heat, diagnostics, acupuncture and other modalities. Currently, as per the physician progress note dated 7-8-15, the injured worker complains of low back pain, right knee pain and pelvic pain. The pain is rated 7 out of 10 on the pain scale and radiates to the left thigh. The pain is also associated with numbness, tingling, stiffness and weakness of the bilateral extremities. He states that the medications relieve the pain somewhat even though he has pain on a continuous basis. The current medications included Cyclobenzaprine, Lidipro ointment, Lunesta, Naproxen, Pantoprazole, and Senna laxative. The urine drug screen dated 5-11-15 was inconsistent with the medications prescribed. The objective findings-physical exam reveals that he has a lefty sided heel strike, mid strike antalgic gait. The lumbar range of motion is restricted and limited by pain, there is spasm on palpation of the lumbar muscles. There is tenderness and tight muscle band noted bilaterally. Lumbar facet loading is positive on both sides, straight leg raise is positive on the left side at 45 degrees in the sitting position, and there is tenderness noted over the sacroiliac spine. Work status is modified with restrictions. The physician requested treatment included Cyclobenzaprine 7.5mg #60.

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 Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with NSAIDS without improvement in pain or function. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.