

Case Number:	CM15-0163311		
Date Assigned:	08/31/2015	Date of Injury:	12/01/2008
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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:

This injured worker is a 56 year old female who reported an industrial injury on 12-1-2008. Her diagnoses, and or impressions, were noted to include: reflex sympathetic dystrophy of the lower limbs; lumbar radiculopathy; and post-lumbar laminectomy syndrome. No current imaging studies were noted. Her treatments were noted to include: a panel qualified medical re-evaluation on 7-22-2014; psychiatric panel qualified medical evaluation on 12-22-2014; injection therapy; medication management; and a return to full work duties. The progress notes of 6-9- 2015 reported that her low back and left lower extremity pain were fairly well controlled on her current medication regimen, and that she continued to work full-time as a teacher; but that she had significant decrease in sacral muscle function, along with frequent cramping in the plantar flexors. Objective findings were noted to include: very dusky-purple left foot and toes, with a decrease in temperature and allodynia; and an antalgic gait with pain and difficulty rising from a seated position. The physician's requests for treatments were noted to include the continuation of Cyclobenzaprine at bedtime, as needed. The medication list includes Cyclobenzaprine, Diclofen, Vicodin, Gabapentin and Lyrica. Patient had received lumbar ESIs for this injury. The patient's surgical history includes lumbar laminectomy on 5/19/2009. The patient had received an unspecified number of PT visits for this injury. The patient sustained the injury when she was transferring a student from a wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)Page 41-42.

Decision rationale: Request Cyclobenzaprine 10mg #60According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in themanagement of back pain." Her diagnoses, and or impressions, were noted to include: reflex sympathetic dystrophy of the lower limbs; lumbar radiculopathy; and post-lumbar laminectomy syndrome. The progress notes of 6-9-2015 reported that her low back and left lower extremity pain, decrease in sacral muscle function, along with frequent cramping in the plantar flexors. Objective findings were noted to include: very dusky-purple left foot and toes, with a decrease in temperature and allodynia; and an antalgic gait with pain and difficulty rising from a seated position. The patient's surgical history include lumbar laminectomy on 5/19/2009. The patient has evidence of muscle cramping on objective examination. 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 10mg #60 is medically appropriate and necessary in this patient.