

Case Number:	CM15-0166107		
Date Assigned:	09/03/2015	Date of Injury:	12/19/2012
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained an industrial injury on 12-19-12. A review of the medical record indicates that the injured worker is undergoing treatment for lumbosacral radiculopathy with multilevel lumbar disc disease and right knee pain. Medical records (07-27-15) indicate 60-70% improvement in pain for 3 months after bilateral L4-5 transforaminal epidural steroid injections on 12-10-14. Lumbar spine range of motion is noted to be limited by pain. Generalized deconditioning is noted in the lower extremities. Treatment has included medications and the lumbar epidural steroid injections. The original utilization review (08-11-15) non-certified the cyclobenzaprine as it is only recommended for use for 2-3 weeks. The injury was almost 2½ years prior to the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg hs, #30 plus refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for lumbar radiculopathy. In May 2015 she was having increasing back pain and was having severe spasms at night interfering with sleep. Cyclobenzaprine was recommended. Treatments have included a lumbar epidural injection and a repeat injection and a lumbar decompression and fusion are referenced. When seen, she was having ongoing significant pain. She was not having any medication side effects. Physical examination findings included decreased and painful lumbar spine range of motion with midline and left lumbar tenderness. There was positive straight leg raising with decreased lower extremity strength and sensation. Medications were continued. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.