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| Case Number: | CM15-0169740 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 04/21/2012 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/07/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: 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 29 year old female, who sustained an industrial injury on April 21, 2012. She reported an injury to her low back. The injured worker was diagnosed as having reactive depression, lumbar radiculopathy, numbness, lumbar herniated nucleus pulposus, lumbar sprain and sciatica. Currently, the injured worker complains of persistent pain with pain in both feet and reports difficulty sleeping. She rates her pain a 9 on a 10-point scale. On physical examination, the injured worker has tenderness to palpation and spasm over the mid scapular and lower spine. She had decreased range of motion. The injured worker has tenderness to palpation over the right sacroiliac joint and the bilateral sciatic notches. She ambulates with an antalgic gait and has positive left straight leg raise. Her pain rating has not improved and she does not have any functional improvement. Her work status remains temporary total disability. Treatment to date has included lumbar hemilaminotomy and discectomy on February 25, 2015, physical therapy, opioid medications, and TENS unit. A request was received on July 24, 2015 for cyclobenzaprine HCL 10 mg #90. The Utilization Review physician determined that the request for cyclobenzaprine HCL 10 mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #90: 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).

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 without improvement in pain or function. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.