

Case Number:	CM15-0180252		
Date Assigned:	09/22/2015	Date of Injury:	09/23/2013
Decision Date:	10/26/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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 female who sustained an industrial injury on 9-23-13 injuring her mid back. Diagnoses included osteoarthritis of the back; Kyphosismid back pain, acute. She currently (8-25-15) complains of back pain with stiffness but no spasms and with a pain level of 3 out of 10. She takes muscle relaxants on "bad days". On physical exam there was tenderness around T7 right paraspinal but no muscle spasms noted. No spasms were documented in the reviewed progress notes dated 1-21-15 through 8-25-15. In addition her pain level was 4 out of 10 per the 1-21-15 note and then was 3 out of 10 from 3-5-15 through 8-25-15. Diagnostics included MRI of the thoracic spine (2-12-15) indicated normal spinal cord with no central canal stenosis; MRI of the lumbar spine (2-20-15) showing discogenic degenerative changes, Schmorl's node superior endplate of L2, osteophytes. Treatments to date include medications: cyclobenzaprine, naproxen, ibuprofen, diclofenac, Pristiq. The request for authorization dated 8-25-15 indicated cyclobenzaprine 5mg #28 for muscle spasms. On 9-1-15 utilization review evaluated and non-certified the request for cyclobenzaprine 5 mg #28 based on recommendation for short term use and the injured worker has been on the medication longer than three weeks and no spasms were documented on the exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #28, per 08/24/15 order: 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 along with multiple NSAIDS for months. Recent exam says there are no subjective or objective spasms. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.