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| Case Number: | CM15-0182335 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 07/30/2012 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 is a 42 year old male with a date of injury on 7-30-12. A review of medical records indicates the injured worker is undergoing treatment for chronic low back pain. Medical record (8-7-15) indicates long history of chronic back pain and failed back syndrome. He states he is feeling better noting a decrease in pain and sensitivity around the front of his chest. He is increasing his activities and is doing his exercise program and he is weaning percocet down and sleeping better. He also reports muscle cramps in the toes, feet and back pain. Physical exam reveals persistent left foot drop, gross atrophy of the left lower extremity, lower back mobility is limited and he has significant sensitivity to light touch. He continues to have sensory deficits in the left lower extremity. Request for authorization dated 9-3-15 is for cyclobenzaprine 10 mg, 18. Utilization review dated 9-10-15 modified to cyclobenzaprine 10 mg, 9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #18, 1 tablet daily as needed: 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: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.