

Case Number:	CM15-0185706		
Date Assigned:	09/25/2015	Date of Injury:	09/04/2012
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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 68 year old male who sustained an industrial injury on 09-04-2012. Current diagnoses include thoracic or lumbosacral neuritis or radiculitis, lumbago, chronic pain syndrome, and sleep disturbance. Report dated 08-13-2015 noted that the injured worker presented with complaints that included lower back pain and right hip pain and numbness and tingling of the affected limbs. Pain level was 5 out of 10 on a visual analog scale (VAS). Current medications include pantoprazole, cyclobenzaprine, and naproxen sodium. Physical examination performed on 08-13-2015 revealed restricted range of motion due to pain, tenderness of the lumbar paravertebral muscles and spinous process, decreased motor function in the right hip, decreased sensation, and weakness in the right leg. Previous treatments included medications, TENS unit, injection, and chiropractic care. The treatment plan included refilling pantoprazole, cyclobenzaprine, and naproxen sodium. The injured worker has been prescribed cyclobenzaprine since at least 04-23-2015. The utilization review dated 08-25-2015, non-certified the request for cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg Qty: 30.00: 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 over a year and recent urine testing was inconsistent with medications provided. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.