

Case Number:	CM15-0186690		
Date Assigned:	09/28/2015	Date of Injury:	08/17/2012
Decision Date:	11/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/22/2015

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 56 year old male, who sustained an industrial injury on 8-17-12. The injured worker is being treated for lumbar spinal stenosis and tibial fracture. Treatment to date has included right ankle surgery, physical therapy for right ankle, oral medications including Conzip, transcutaneous electrical nerve stimulation (TENS) unit, cortisone injections and activity modifications. On 8-31-15, the injured worker reports he had hardware removed from his right lower leg-ankle on 7-29-15 and states pain in low back and right ankle is severe and constant; he rates the pain 6 out of 10. He notes he gets 4-5 hours of sleep per night. Work status is unclear. Objective findings on 8-31-15 revealed slight right limp, right ankle scar, dorsiflexion is restricted and Conzip is no longer effective in relieving pain. A letter dated 9-4-15 notes Conzip was discontinued and changed to Celebrex and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 10 mg #60 with 2 refills: 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): Muscle relaxants (for pain).

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 was prescribed Flexeril with NSAIDS with 2 additional refills. Long-term use is not recommended and the request is not medically necessary.