

Case Number:	CM15-0186996		
Date Assigned:	10/01/2015	Date of Injury:	12/11/2013
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 22 year old male, who sustained an industrial-work injury on 12-11-13. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar disc protrusion, lumbar radiculopathy, and lumbar spondylolisthesis. Treatment to date has included medication and home exercise program (HEP). Currently, the injured worker complains of continued unchanged low back pain, rated at 8 out of 10, and radiated to the bilateral lower extremities with numbness and tingling. Per the primary physician's progress report (PR-2) on 4-13-15, exam noted reduced lumbar range of motion, tenderness and palpable spasms along the paravertebral muscles bilaterally, positive straight leg raise, inability to do heel and toe walk. The Request for Authorization requested service to include Retrospective Cyclobenzaprine HCL 7.5mg #60. The Utilization Review on 8-28-15 denied the request for Retrospective Cyclobenzaprine HCL 7.5mg #60, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine HCL 7.5mg #60: 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: The claimant sustained a work injury in December 2013 and continues to be treated for low back pain with bilateral lower extremity radiating symptoms, numbness, and tingling. In April 2015, there was decreased lumbar spine range of motion with tenderness and muscle spasms. Straight leg raising was positive. Medications were prescribed including cyclobenzaprine. When seen in June 2015 there had been no change in symptoms. Physical examination findings were unchanged. Temporary total disability was continued. Cyclobenzaprine was continued. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.