

Case Number:	CM15-0190351		
Date Assigned:	10/09/2015	Date of Injury:	08/21/1987
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, 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:

This is a 48 year old female patient with an industrial injury date of 08-21-1987. She sustained the injury due to lifting a box. The diagnoses include chronic pain and post laminectomy (lumbar) syndrome - status post lumbar 5-sacral 1 fusion (2006). Per the reconsideration request note dated 10/9/2015, she had complaints of worsening of low back pain radiating down into the right lower extremity with associated muscle spasm and numbness/tingling. Per the doctor's note dated 09-04-2015, she had complaints of low back pain radiating down into the right lower extremity with associated numbness and tingling. She had started physical therapy and felt it had reduced some of her pain from 9 out of 10 to 5 out of 10. The medications prescribed reduced her pain from 9 out of 10 to 4 out of 10. She was able to continue with her activities of daily living better with less pain. The physical examination revealed spasm and guarding in the lumbar spine, right paraspinal lumbar trigger points present along the lumbar 4-lumbar 5 and sacral 1 distribution and positive straight leg raise on the right. Current (09-04-2015) medications included Cymbalta, Gabapentin, Buprenorphine and Cyclobenzaprine (at least since 03-13-2015). Prior medications included Morphine Sulfate ER and zanaflex (discontinued it since it hasn't benefited much for her pain). With medications including Flexeril she was able to perform self-hygiene, light cleaning and grocery shopping better with less pain. Cyclobenzaprine decreases the intensity, frequency and severity of her muscle spasms. It provided a 60% decrease in her pain level and allows her to perform activities of daily living with less pain. She was tolerating it well and there was no evidence of abuse, side effects or diversion. Work status is documented (09-04-2015) as "permanent and stationary." She has undergone laminectomy and discectomy on 5/18/2004 and lumbar 5-sacral 1 fusion on 3/14/2006; removal of hardware

6/18/2009. She has had lumbar spine MRI on 10/18/2010 and 9/5/2009. Prior treatment included H wave, physical therapy, medications, TENS unit, lumbar epidural steroid injection and functional restoration program. On 09-21-2014 the request for Cyclobenzaprine 5 mg #90 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90: Overturned

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), Cyclobenzaprine (Flexeril).

Decision rationale: Cyclobenzaprine 5mg #90. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is recommended for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain. Per the reconsideration request note dated 10/9/2015, she had complaints of worsening of low back pain radiating down into the right lower extremity with associated muscle spasm and numbness/tingling. The patient has objective findings on the physical examination of the lumbar spine-spasm and guarding in the lumbar spine, right paraspinous lumbar trigger points present along the lumbar 4-lumbar 5 and sacral 1 distribution and positive straight leg raise on the right. The patient has history of multiple lumbar spine surgeries. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 5mg #90 is medically necessary.