

Case Number:	CM15-0195913		
Date Assigned:	10/09/2015	Date of Injury:	07/29/2004
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Emergency 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 7-29-04. The injured worker is being treated for chronic pain and cervicgia. Treatment to date has included epidural stimulator, surgery of cervical, thoracic and lumbar spine, epidural steroid injections, oral medications including Dilaudid 2mg, Motrin and Flexeril 7.5mg (since at least 12-2014); physical therapy and activity modifications. On 6-18-15 she complained of constant neck pain rated 7 out of 10 and low back pain rated 7.5 out of 10 and on 8-18-15, the injured worker complains of low back pain down to left foot rated 9 out of 10 decreased with changing positions and increased with activities of daily living. Physical exam performed on 8-18-15 revealed severe guarding in lower extremities with diminished sensation and dysesthesias in left foot, bilateral EHL weakness and guarded gait. (There were no objective findings on 6-18-15). The treatment plan included request for cyclobenzaprine 10mg #60. On 9-4-15 request for Cyclobenzaprine 10mg #60 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 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least 6months.The number of tablets is not consistent with short term use or weaning. Cyclobenzaprine is not medically necessary.