

Case Number:	CM15-0198632		
Date Assigned:	10/14/2015	Date of Injury:	09/08/1979
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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: Anesthesiology, 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 78 year old male, who sustained an industrial injury on 9-08-1979. The injured worker is being treated for status post lumbar fusion L5-S1, lumbar radiculopathy, adjacent segment disease, right L5-S1 radiculopathy and thoracic disc herniations with neural foraminal narrowing. Treatment to date has included multiple surgical interventions of the lumbar spine, diagnostics, epidural steroid injections, and medications. Per the Primary Treating Physician's Progress Report dated 8-12-2015, the injured worker presented for follow-up of back pain. He reported pain has gotten progressively worse since 5-2015 with flare-ups often. He is utilizing a lumbar corset occasionally but it does not provide any pain relief. It allows for stabilization. The back spasms were going into "hard cramps" and he continues to experience intermittent burning in his feet, right greater than left, but notes that it is less severe. Current medications include Flexeril, Senna, Celebrex, Diazepam, Norco, Prilosec, Terocin patches and capsaicin cream. He is able to perform his daily activities with less pain, and he is able to walk, sit and stand longer after taking the medications. Objective findings included an antalgic gait; he walks in a forward flexed position. There was tenderness to palpation of the thoracic and lumbar spine with severe spasms noted. Per the medical records dated 8-12-2015 to 9-10-2015 there is no documentation of subjective pain levels or decrease in pain level with the current treatment. On 9-10-2015 he reported his low back pain level as 5 out of 10, worse on the right. On 8-12-2015 and 9-10-2015, he reported continuing back spasms and symptoms have been worsening since 5-2015. Work status was permanent and stationary. The plan of care included medications and authorization was requested on 9-10-2015 for Cyclobenzaprine 7.5mg #90 and Omeprazole 20mg #60 as well as Norco 10-325mg #120, Celebrex 200mg #30 and Docusate 100mg #30. On 9-14-2015, Utilization Review modified the request for Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg quantity 90, 1 tablet by mouth three times a day as needed for muscle spasms related to the Thoracic and Lumbar spine injury, DOS 8-12-15:

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): Muscle relaxants (for pain).

Decision rationale: Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.