

Case Number:	CM15-0199144		
Date Assigned:	10/14/2015	Date of Injury:	08/30/2013
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34 year old male, who sustained an industrial injury on 8-30-13. The injured worker is being treated for lumbar (HNP) herniated nucleus pulposus, lumbar radiculopathy, lumbar facet hypertrophy, neck pain and cervical radiculopathy. Treatment to date has included cervical epidural injections (provided about 25% relief for 2 weeks), 15 sessions of physical therapy (provided good temporary relief), 6 sessions of acupuncture (minimal relief), oral medications including Norco (good relief) and Tramadol (minimal relief). On 9-4-15, the injured worker complains of aching and stabbing pain that is worse on right side of back (about 90% of low back pain is on right); he rates the pain 7-9 out of 10 with radiation down right lower extremity to toes; and neck pain that is burning in nature mostly left sided with radiation to the shoulder and tingling and numbness down left arm to hand involving all fingers with red discoloration of left hand; he rates the neck pain 5 out of 10. Work status is noted to be temporarily partially disabled. Physical exam performed on 9-4-15 revealed tenderness to palpation over the cervical spine midline around C6-7 and bilateral cervical paraspinals and trapezius muscles with spasms noted; restricted range of motion of cervical, thoracic and lumbar spine is also noted along with decreased sensation over right L3-S1 dermatome, right C7 and left C8 dermatome to pinprick. The treatment plan included requests for Flexeril 7.5mg #60 and trial of Capsaicin cream. On 10-2-15 request for Flexeril 7.5mg #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 7.5mg #60 for 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 8-30-13. The injured worker has been diagnosed of lumbar (HNP) herniated nucleus pulpous, lumbar radiculopathy, lumbar facet hypertrophy, neck pain and cervical radiculopathy. Treatment to date has included cervical epidural injections (provided about 25% relief for 2 weeks), 15 sessions of physical therapy (provided good temporary relief), 6 sessions of acupuncture (minimal relief), oral medications including Norco (good relief) and Tramadol (minimal relief). The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5mg #60 for 30 days. Cyclobenzaprine is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. The medical records indicate the injured worker used this medication in 03/2015, but there was no documented evidence of benefit. Therefore, the requested treatment is not medically necessary.