

Case Number:	CM15-0200556		
Date Assigned:	10/15/2015	Date of Injury:	01/13/2000
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/13/2015

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, Florida, California

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 46 year old male, who sustained an industrial injury on 1-13-2000. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease, lumbosacral annular tears and lumbar osteoarthritis. The most recent progress report provided was dated 7-28-2015, and reported the injured worker complained of waxing and waning in severity low back pain with radiation to the right anterior thigh and down the right leg. The complaints have been consistent since at least the visit on 1-2-2015, 2-2-2015, 3-10-2015, 4-15-2015 and 5-20-2015. Physical examination revealed bilateral lumbar paraspinal spasm. Treatment to date has included medication management including Flexeril since at least 6-23-2015. The physician is requesting Flexeril (Cyclobenzaprine) 10mg #90. On 9-8-2015, the Utilization Review noncertified the request for Flexeril (Cyclobenzaprine) 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 10mg #90: Upheld

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

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

Decision rationale: This claimant was injured in 2000 and has lumbar degenerative spinal disease. As of July, there was still back pain. The symptoms waxed and waned but were unchanged since at least July reportedly despite treatments. There was bilateral lumbar paraspinal spasm but from the records, it appears chronic in nature [not acute or short term]. Treatment to date has included medication management, including this Flexeril since at least 6-23-2015. The MTUS recommends Flexeril, also known as cyclobenzaprine, for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is also not recommended. In this case, there has been no objective functional improvement, which is the mainstay of MTUS treatment monitoring, noted in the long-term use of Flexeril in this claimant. Moreover, long term use is not supported. Also, it is being used with other agents, which also is likewise not clinically supported in the MTUS. The request is appropriately non-certified, therefore is not medically necessary.