

Case Number:	CM15-0201726		
Date Assigned:	10/16/2015	Date of Injury:	01/27/2014
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
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: 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 40 year old female, who sustained an industrial injury on 1-27-14. The documentation on 8-31-15 noted that the injured worker has complaints of low back pain that radiates to lower extremity. The injured worker has limited lateral bending and tenderness to palpation spinal facet and PSM. The diagnoses have included sprain of lumbar; lumbar discogenic syndrome; myofascial pain; insomnia not otherwise specified and depression, major not specified. Treatment to date has included physical therapy; transcutaneous electrical nerve stimulation unit with mild symptom relief; Lunesta with improved sleep; heating pad is helpful; injections; gabapentine and home exercise program. The documentation on 2-11-15 noted the injured worker was on cyclobenzaprine. The original utilization review (10-2-15) non-certified the request for retrospective cyclobenzaprine 7.5mg date of service 8-31-15 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg DOS: 8/31/15 #60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, there was no evidence of acute exacerbation of pain, and the injured worker was noted to be prescribed cyclobenzaprine since February/2015. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for retrospective Cyclobenzaprine 7.5mg DOS: 8/31/15 #60 is determined to not be medically necessary.