

Case Number:	CM15-0202408		
Date Assigned:	10/19/2015	Date of Injury:	08/27/2011
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59-year-old male who sustained an industrial injury on 8-27-2011 and has been treated for severe lumbar degenerative disc disease, left knee degenerative joint disease and right hip pain. On 9-25-2015 the injured worker reported pain at 9 out of 10, and without medications 10 out of 10. Objective examination revealed loss of normal lumbar lordosis, range of motion limited by pain, lumbar spasm, tenderness and trigger points on both sides, and right hip tenderness and positive FABER. It is noted that the injured worker is having difficulty with walking due to symptoms and uses a walker. Documented treatment includes bursa injection, left knee steroid injection with 75 percent continued benefit, transforaminal epidural steroid injection 4-7-2015 with "good response," and current medications are Cymbalta, Norco stated "to work very well" for pain, Cyclobenzaprine, Fluconazole, Meloxicam, and Sulfamethoxazole. The physician states in the note that "the patient is stable on current medication regimen and has not changed essential regimen in greater that six months." It is noted that activities of daily living are improved "optimally" on current medications. Documentation reveals that the most recent urine drug screening in 6-2015 was deemed "appropriate." An opiate agreement is on file, and it is stated that there are no adverse behaviors. The treating physician's plan of care includes cyclobenzaprine #30 which was denied on 10-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril intermittently with other analgesics over a few months. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.