

Case Number:	CM15-0203860		
Date Assigned:	10/20/2015	Date of Injury:	06/08/2006
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 42 year old male with an industrial injury dated 06-08-2006. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc with radiculitis, degeneration of lumbar disc and low back pain. According to the progress note dated 09-09-2015, the injured worker reported low back pain with radiation to posterolateral bilateral lower extremity with numbness and tingling to toes and occasional weakness. Pain level was 7 out of 10 on a visual analog scale (VAS). Current Medications included Gabapentin, Cyclobenzaprine (since at least April of 2015), Lidoderm Patches, Butrans Transdermal system, Wellbutrin, and Naproxen. The injured worker reported that he continues to take his medications and reports that his pain is not controlled at times even with the medications. The injured worker also reported that the Flexeril causes drowsiness but helps so he takes it at bedtime and finds it helpful in allowing him to sleep. Objective findings (04-21-2015, 08-11-2015, 09-09-2015) revealed limited range of motion of the lumbar spine and positive bilateral straight leg raises. Treatment has included diagnostic studies, prescribed medications, lumbar epidural steroid injections with good relief 80% for 3-6 months and periodic follow up visits. The utilization review dated 09-30-2015, non-certified the request for 90 tablets of Cyclobenzaprine 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Cyclobenzaprine 7.5mg: 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: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." In this particular case, the patient has no evidence in the records of 9/9/15 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. The documentation states that the worker takes the medication to help him sleep, which is not an approved indication. The worker has been taking Flexiril since at least 4/15 and chronic usage is not supported by the guidelines. Therefore, the request is not medically necessary.