

Case Number:	CM15-0206751		
Date Assigned:	10/23/2015	Date of Injury:	03/26/2012
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 3-26-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus (HNP) L5-S1 and right S1 radiculopathy. On 8-31-2015, the injured worker reported low back pain rated 7-8 out of 10 which extends into the right buttock and down the back of the right leg to the knee, aching pain in the right shoulder that radiates into the shoulder blade and down the right side of the mid back, and new onset of aching pain from the upper back to the bilateral shoulders. The Primary Treating Physician's report dated 8-31- 2015, noted the injured worker was currently taking Relafen, Flexeril, prescribed since at least 12-29-2014, Cymbalta, and Lunesta, reporting moderate pain relief with the medication regimen, allowing him to sleep better, denying side effects from the medications. The physical examination was noted to show the injured worker with a mildly antalgic gait with use of a single point cane, moderate tenderness to palpation of the lumbar paraspinals with spasms noted and lumbar spine range of motion (ROM) decreased in all planes. Straight leg raise on the right was noted to cause pain to the knee and a slump test was noted to be positive. The CURES report from 8-31-2015 was noted to be consistent. Prior treatments have included physical therapy, chiropractic treatments, acupuncture, and Terocin cream, Norco, Ibuprofen, and Trazodone. The treatment plan was noted to include a request for a transforaminal epidural steroid injection (ESI), and prescriptions for Relafen, Flexeril, and Lunesta, with Cymbalta increased. The injured worker's work status was noted to be that he last worked on 3-26-2012. The request for authorization dated 8-31-2015, requested Cyclobenzaprine 7.5mg #60 with 2 refills. The Utilization Review (UR) dated 9-30-2015, non-certified the request for Cyclobenzaprine 7.5mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60 with 2 refills: 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: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.