

Case Number:	CM15-0209860		
Date Assigned:	10/28/2015	Date of Injury:	10/07/1992
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/26/2015

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 58 year old male, who sustained an industrial injury on 10-7-1992. The injured worker is undergoing treatment for: lumbago, lumbar degenerative disc disease, and facet arthropathy. On 7-17-15, and 8-13-15, he reported low back pain. Pain is rated 4-5 out of 10. He indicated he had gained 10 pounds over the summer. He indicated he had good relief with Percocet and Flexeril. Physical examination revealed full lumbar forward flexion, restricted lumbar extension, tenderness in the low back, positive straight leg raise on the right, full strength of bilateral lower extremities, and no difficulty with heel and toe walking. There is no discussion of hypertonicity or spasm. The treatment and diagnostic testing to date has included multiple physical therapy sessions, medications, and magnetic resonance imaging of the lumbar spine (10-23-14). Medications have included Percocet, Flexeril. The records indicate he has been utilizing Flexeril since at least July 2015, possibly longer. Current work status: permanent restrictions. The request for authorization is for: 3 prescriptions of Cyclobenzaprine 7.5mg quantity 30. The UR dated 10-8-2015: non-certified the request for 3 prescriptions of Cyclobenzaprine 7.5mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30 with 2 refills: 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: 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 for over a year in combination with opioids. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.