

Case Number:	CM15-0021732		
Date Assigned:	02/11/2015	Date of Injury:	08/17/2005
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37 year old male, who sustained a work related injury, when a large wall slipped and hit him in the back on August 17, 2005. Past history includes s/p microdiscectomy surgery at L5-S1, 2010. According to a treating physician's notes dated December 31, 2014, the injured worker presented for a follow-up visit with complaints of persistent back and leg pain. He also has non-industrial neck pain. Current medications include Sertraline, Gabapentin, Flexeril, Norco, Hydroxyzine HCL, Ranitidine, Docusate Sodium and Omeprazole. An MRI dated 3/3/2014, reveals left paracentral disc protrusion with enhancing granulation scar tissue around slightly displaced left S1 nerve root. An electromyography study reveals L5-S1 radiculopathy bilaterally. Treatment plan includes a change to Flexeril dosage, discussion regarding cervical spine not being part of the claim and recommendation of the authorized functional restoration program that the injured worker feels will not be a benefit and defers the program. According to utilization review dated January 7, 2015, the request for Cyclobenzaprine 7.5mg #90 has been modified to Cyclobenzaprine 7.5mg #45, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): page(s) 63..

Decision rationale: According to MTUS guidelines, Flexeril, non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization Cyclobenzaprine 7.5mg #90 is not medically necessary.