

Case Number:	CM15-0029613		
Date Assigned:	02/23/2015	Date of Injury:	07/08/2013
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 26 year old male, who sustained an industrial injury on 7/8/2013. The current diagnoses are cervical and lumbar spine sprain/strain, lumbar spine contusion, lumbar radiculitis, and muscle spasms. Currently, the injured worker complains of constant neck pain that radiates to his head and bilateral arms and is accompanied by numbness, tingling, and weakness. The pain is rated 5/10 on a subjective pain scale. He also reports constant low back pain that radiates to his bilateral knees and is accompanied by numbness, tingling, burning sensations, and weakness. His low back pain is rated 5-8/10. Additionally, he reports sleep disorder, anxiety, depression, and stomach irritation. Current medications are Tramadol and Naproxen. The physical examination of the cervical spine reveals tenderness to palpation with spasms of the left suboccipital and left upper trapezius muscle. The lumbar spine was tender to palpation with spasms of the paraspinals and the quadratus lumborum muscles, as well as tenderness to palpation of the sacroiliacs and the coccyx. There was positive straight leg raise bilaterally. Treatment to date has included medications, physical therapy, acupuncture, and chiropractic. The treating physician is requesting Cyclobenzaprine 5mg #30, which is now under review. On 2/9/2015, Utilization Review had non-certified a request for Cyclobenzaprine 5mg #30. The Cyclobenzaprine was modified to #15 to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.