

Case Number:	CM15-0224700		
Date Assigned:	11/23/2015	Date of Injury:	09/02/2008
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 70-year-old male, who sustained an industrial injury on 9-2-2008. Diagnoses include chronic pain, peripheral neuropathy versus plantar fasciitis, and lumbar radiculopathy. Treatments to date include activity modification, chiropractic therapy, and medication therapy. The records indicated a history of kidney disease requiring dialysis treatment three times weekly. The records documented on 7-24-15, a trial of Cyclobenzaprine 7.5mg, one tablet daily, was ordered, in addition to previously prescribed medications included Tramadol 37.5-325mg daily, and topical capsaicin ointment. On 9-18-15, he reported some improvement in lower extremity symptoms status post left great toe removal. Current medications included Flexeril 7.5mg one daily and Tramadol ER 150mg one daily with topical cream. Medications were noted to decreased pain and "normalization of his function." The physical examination documented diffuse tenderness in lumbar spine with muscle spasms noted and decreased lumbar range of motion, decreased sensation in bilateral lower extremities, and a positive straight leg raise test. The plan of care included prescriptions to refill Tramadol-APAP 37.5-325mg one tablet daily and Cyclobenzaprine 7.5mg one tablet daily. The appeal requested authorization for Cyclobenzaprine 7.5mg #60. The Utilization Review dated 10-26-15, modified the request to allow for Cyclobenzaprine 7.5mg #20 for weaning-discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG Sig: 1 Daily #60 (2 Month Supply): 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine 7.5 MG Sig: 1 Daily #60 (2 Month Supply) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine long term. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week MTUS recommended time period for this medication. The request for Cyclobenzaprine is not medically necessary.