

Case Number:	CM15-0034244		
Date Assigned:	03/02/2015	Date of Injury:	03/20/2014
Decision Date:	04/09/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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 55 year old male, who sustained an industrial injury on 03/20/2014. The diagnoses have included right greater than left lumbar radiculopathy secondary to L5-S1 disc protrusion with S1 neural encroachment. Noted treatments to date have included physical therapy, Transcutaneous Electrical Nerve Stimulation Unit, home exercises, cold/heat, stretching, back brace, and medications. No MRI report noted in received medical records. In a progress note dated 01/09/2015, the injured worker presented with complaints of low back pain with right greater than left lower extremity symptoms. The treating physician reported the injured worker's medications enable greater function and activity level and the Cyclobenzaprine facilitates diminution in spasm, with resultant greater tolerance to daily activity and exercise. Utilization Review determination on 02/18/2015 non-certified the request for Cyclobenzaprine 7.5mg #90 citing Medical Treatment Utilization Schedule 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:

Retro Cyclobenzaprine 7.5mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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, the requesting physician has documented specific analgesic benefit and specific objective functional improvement as a result of cyclobenzaprine. Additionally, he has noted that therapeutic modalities are being used alongside the muscle relaxant medication. No side effects are reported. It is acknowledged, that there is no documentation that the medication is being used for an acute exacerbation of pain, however, this is not an absolute preclusion from using this medication. As such, the currently requested cyclobenzaprine (Flexeril) is medically necessary.