

Case Number:	CM15-0034281		
Date Assigned:	03/02/2015	Date of Injury:	06/07/2012
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
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 38 year old male, who sustained an industrial injury on June 7, 2012. He has reported feeling a sharp pain in the low back while picking strawberries. The diagnoses have included protrusion 3mm at L5-S1 with neural encroachment and radiculopathy, major depressive disorder, generalized anxiety disorder, and psychological factors affecting medical condition. Treatment to date has included TENS, and medications. Currently, the injured worker complains of low back pain with right lower extremity symptoms, per the UR summary of records. The UR summary of records, noted the Primary Treating Physician's physical examination dated December 24, 2014, noted tenderness over the lumbar spine, with positive straight leg raises on the right side, and diminished sensation over the right L5 and S1 dermatomal distributions. On February 10, 2015, Utilization Review non-certified a retrospective request for Cyclobenzaprine 7.5mg #90 (DOS 12/24/2014), noting that based on the medical records provided for review, the request was not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of a retrospective request for Cyclobenzaprine 7.5mg #90 (DOS 12/24/2014).

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 (DOS 12/24/2014): Upheld

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

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.