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| Case Number: | CM15-0050359 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 10/21/2002 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

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: Massachusetts

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 37 year old female, who sustained an industrial injury on 10/21/02. She reported back injury. The injured worker was diagnosed as having chronic pain due to injury, chronic pain syndrome, degeneration of lumbar intervertebral disc, depressive disorder, dysthymia, displacement of lumbar intervertebral disc without myelopathy, insomnia disorder, low back pain, organic mood disorder, myositis, psychalgia, thoracic radiculitis, sciatica, lumbosacral spondylosis, myalgia and insomnia. Treatment to date has included trigger point injections, oral medications, topical medications, physical therapy, home exercise program and epidural steroidal injection. Currently, the injured worker complains of persistent lower back pain. The injured worker states her back pain is relieved by heat and injections. Moderate to severe spasm is noted in lumbar spine area on palpation with tenderness of paraspinous, lumbar and quadratus regions. The current treatment plan is to authorize Lidoderm patch and Flexeril oral tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.