

Case Number:	CM15-0052694		
Date Assigned:	03/26/2015	Date of Injury:	12/10/2009
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 61 year old female who sustained an industrial injury on December 10, 2009. She has reported injury to the lumbar spine, right knee, left knee, and right foot and has been diagnosed with lumbar radiculopathy, lumbar sprain/strain, right knee chondromalacia, left knee chondromalacia, right ankle and foot joint pain, and right ankle/foot difficulty walking. Treatment has included medications, physical therapy, and injections. Currently the injured worker has tenderness to palpation of the anterior knee, lateral knee, medial knee, and posterior knee. There was also tenderness to palpation of the lumbar paravertebral muscles with spasm and a straight leg raise. The treatment request included cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexeril are used to decrease pain in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. There is no indication that this worker is having an exacerbation of her pain and the available record does not indicate how long she has already been on the medication or how long it is intended for her to be. Therefore the request is not medically necessary.