

Case Number:	CM15-0059683		
Date Assigned:	04/06/2015	Date of Injury:	12/13/1991
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 an 87 year old female with an industrial injury dated 12/13/1991. Her diagnoses includes lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, left ankle pain, chronic pain, status post left ankle surgery and left trigger thumb. Prior treatments include facet rhizotomy at lumbar level bilateral lumbar 4-sacral 1, diagnostics, opioid pain medication and topical analgesics. She presents on 01/06/2015 with complaints of low back pain radiating down the left lower extremity, to left buttock and right thigh. The pain is rated 4-6/10 with medications and 7-9/10 without medications. Physical exam noted spasm in the right paraspinous musculature with tenderness in the right paravertebral area at lumbar 3-5 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. The provider notes the injured worker reports 60% improvement with medications. Areas of functional improvement include brushing teeth, dressing, and reading, sitting, talking on the phone and tying shoes. Plan of treatment included medications (muscle relaxant) for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 5 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar disc displacement; lumbar facet arthropathy; lumbar radiculopathy; left ankle pain; chronic pain; status post left ankle surgery; left trigger thumb. The date of injury was December 13, 1991 (24 years prior). The earliest progress note in the medical record is October 30, 2014. The injured worker was on Flexeril 7.5 mg at that time. The start date is unclear based on the documentation. A subsequent progress note dated February 3, 2015 shows the injured worker was on Flexeril 7.5 mg that was reduced to 5 mg. There was no documentation demonstrating objective functional improvement in the medical record. Additionally, Cyclobenzaprine (Flexeril) is a short-term (less than two weeks) treatment for acute low back pain or an acute exacerbation of chronic low back pain. The injured worker, at a minimum, has been on Flexeril in excess of four months. The treating physician exceeded the recommended guidelines for short-term use. As noted above, the start date is unclear based on the available documentation. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks) to support the ongoing use of Cyclobenzaprine 5 mg, Cyclobenzaprine 5 mg #30 is not medically necessary.