

Case Number:	CM15-0060348		
Date Assigned:	04/07/2015	Date of Injury:	05/17/2012
Decision Date:	05/11/2015	UR Denial Date:	03/27/2015
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: Texas, California

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 58 year old female, who sustained a work/ industrial injury on 5/17/12. She has reported initial symptoms of cervical, thoracic, and lumbar pain. The injured worker was diagnosed as having gait instability with cervical myalgia. Treatments to date included medication, physical therapy, and diagnostics (functional capacity exam). Currently, the injured worker complains of upper and lower back pain. The treating physician's report (PR-2) from 2/23/15 indicated there was diffuse numbness in the right lower extremity, tenderness over mid thoracic and lumbar spine regions, and decreased range of motion. Diagnosis was cervical strain, L2 compression fracture, cervical and lumbar spine strain, osteopenia, and headaches. Treatment plan included Fexmid (Cyclobenzaprine). The patient's surgical history includes T4-T9 fusion. The patient had used an IF (interferential) unit for this injury. The patient sustained the injury when a pallet fell on her. The medication list includes Flexeril and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid cyclobenzaprine 7.5mg QTY: 60.00: Overturned

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

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

Decision rationale: Request: Fexmid cyclobenzaprine 7.5mg QTY: 60.00. According to CA MTUS guidelines cited below: "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." The treating physician's report (PR-2) from 2/23/15 indicated there was diffuse numbness in the right lower extremity, tenderness over mid thoracic and lumbar spine regions, and decreased range of motion. Diagnosis was cervical strain, L2 compression fracture, cervical and lumbar spine strain, osteopenia, and headaches. Treatment plan included Fexmid (Cyclobenzaprine). The patient's surgical history includes T4-T9 fusion. The pt had a history of a significant injury with pain along with a history of L2 fracture and fusion surgery. She also had evidence of significant abnormal objective findings. The cyclobenzaprine prescribed is of a small dose and in a relatively small quantity. Therefore the request for Fexmid cyclobenzaprine 7.5mg QTY: 60.00 is medically necessary and appropriate for prn use during exacerbations.