

Case Number:	CM15-0060413		
Date Assigned:	04/06/2015	Date of Injury:	02/23/2012
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old female, who sustained a work/ industrial injury on 2/23/12. She has reported initial symptoms of low back pain. The injured worker was diagnosed as having lumbar radiculopathy, chronic neck; mid back/low back pain, left shoulder arthralgias, and left ankle arthralgias. Treatments to date included medication, diagnostics, epidural steroid injection, chiropractic care, aquatic therapy, massage therapy, and acupuncture. Magnetic Resonance Imaging (MRI) was performed on 3/21/14. Currently, the injured worker complains of increased low back pain with numbness and radiation down leg with rating of 7/10 for pain. There was cramping in the arch of the right foot and in the calf. The treating physician's report (PR-2) from 2/6/15 indicated there was limited range of motion of the cervical, thoracic, and lumbar spine. Gait is antalgic. Sensation is diminished in the left L5-S1 dermatome, positive straight leg raise (SLR) on the left. Treatment plan included (Retro) Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 7.5mg tablet #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

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

Decision rationale: This 53 year old female has complained of low back pain since date of injury 2/23/12. She has been treated with physical therapy, epidural steroid injection, acupuncture and medications to include Flexeril since at least 12/2014. The current request is for Flexeril. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this patient.