

Case Number:	CM15-0085993		
Date Assigned:	05/08/2015	Date of Injury:	03/18/2010
Decision Date:	06/25/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, 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 57 year old female who sustained an industrial injury on March 18, 2010. She has reported ongoing pain to the low back and has been diagnosed with degenerative disc disease, lumbar stenosis, and cervical arthralgia. Treatment has included medications, acupuncture, and chiropractic care. Currently the injured worker complains of pain down the lower extremity to the top of the foot. She also had neck and arm pain. She rated her pain an 8/10. Examination showed tenderness to palpation of both the cervical and lumbar spine with spasms. There was decreased range of motion of the cervical spine. The treatment request included Cyclobenzaprine 7.5 mg # 60 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg Qty 60 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril; Opioids Page(s): 43, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with opioids and other muscle relaxants (Zanaflex). Long-term use and multiple muscle relaxant use is not medically necessary. Therefore the Flexeril is not medically necessary.