

Case Number:	CM15-0087525		
Date Assigned:	07/16/2015	Date of Injury:	11/15/2012
Decision Date:	09/10/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/06/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 50 year old male who sustained an industrial injury on 11/15/2002. Current diagnoses include lumbar spine sprain/strain, lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis unspecified, myofascial pain, and nonsteroidal anti-inflammatory drug induced gastritis. Previous treatments included medications, physical therapy, chiropractic therapy, functional capacity evaluation, acupuncture, TENS, and home exercise program. Previous diagnostic studies include a lumbar spine MRI dated 12/21/2012 and electrodiagnostic study on 04/10/2013. Initial injuries occurred to the back with radiation of numbness after lifting a heavy object. Report dated 04/08/2015 noted that the injured worker presented with complaints that included moderate to severe pain in the low back with radiation to the left lower extremity with numbness and tingling to the outside of the left knee and sometimes the toes, increased with prolonged sitting and with activities. The injured worker stated that he is taking multiple pills with minimal pain relief and he is requesting a stronger medication for pain relief. Pain level was 7 out of 10 on a visual analog scale (VAS). Current medication regimen includes fenoprofen, cyclobenzaprine, omeprazole, and LidoPro cream. The injured worker is currently unemployed and receiving worker's compensation benefits. Physical examination was positive for tenderness to palpation in the lumbar spine and spasms. The medical records submitted for use indicate that the injured worker has been prescribed cyclobenzaprine since at least 06/10/2014. The treatment plan included awaiting QME/AME report, request for Norco and a trial of Lidoderm topical patches to control symptoms as moderate to severe pain is not controlled with current medication regimen, dispensed cyclobenzaprine and omeprazole,

continue home exercise program, 30 minute walks, ice therapy and TENS unit for pain control. Disputed treatments include cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Antispasmodics-Cyclobenzaprine (Flexeril) Page(s): 63, 64.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) since at least 06/10/2014 which is greater than a 2-3 week period as recommended by the MTUS. There is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.