

Case Number:	CM15-0089537		
Date Assigned:	05/13/2015	Date of Injury:	01/05/2014
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old male, with a reported date of injury of 01/05/2014. The diagnoses include cervical intervertebral disc syndrome, lumbar disc intervertebral disc syndrome, left knee sprain/strain, and inguinal hernia. Treatments to date have included an MRI of the left knee on 01/05/2015; an MRI of the lumbar spine on 11/26/2014; electrodiagnostic studies on 12/17/2014; an MRI of the cervical spine on 02/10/2015; and an MRI of the lumbar spine on 02/10/2015. The medical report dated 02/13/2015 indicates that the injured worker complained of constant low back pain, rated 8 out of 10. The pain radiated to the hips, right knee, and ankles, all rated 8 out of 10. He also complained of bilateral shoulder pain, rated 5 out of 10, with radiation to the neck, rated 5 out of 10. The injured worker had difficulty with activities of daily living. The physical examination showed tenderness to palpation with spasms of the lumbar paraspinals and thoracic paraspinals, severe spasms, tenderness to palpation of the L4-5 spinous processes, decreased thoracolumbar spine range of motion, and positive straight leg raise test. The treating physician requested cyclobenzaprine 5mg #30 with one (1) refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 109, 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it is not clear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.