MAXIMUS Federal Services

Case Number:	CM15-0240893		
Date Assigned:	12/17/2015	Date of Injury:	05/03/2003
Decision Date:	01/29/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/10/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, 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 61 year old male who sustained an industrial injury on 5-3-03. Medical records indicate that he injured worker has been treated for intervertebral disc degeneration, lumbar region; cervical disc disorder with myelopathy; post-laminectomy syndrome; cervicobrachial syndrome; radiculopathy, cervical region; dorsalgia, unspecified; muscle spasms; radiculopathy, site unspecified. He currently (10-20-15) complains of neck and back pain with a pain level of 10 out of 10 without medication. Poor sleep quality. Physical exam of the cervical spine revealed restricted range of motion, positive cervical facet loading bilaterally; lumbar spine revealed restricted range of motion, tenderness on palpation and tight muscle band bilaterally, unable to heel, toe walk, positive facet loading bilaterally; positive Tinel's bilaterally. Current medication regimen allows the injured worker to live independently, self-care, transfer and work. His pain level on 4-28-15 and 6-15-15 was 4 out of 10 with medications and 8 out of 10 without medications. On 8-11-15 his pain level was 0 out of 10 with medications and 9.5 out of 10 with medications. Documentation regarding medication abuse, medication tolerance or inconsistent drug screens was not present. Current drug screens were not present. Treatments to date include medications: (current): Percocet, Flexeril (was on Flexeril in 2004 and has been on Flexeril currently snce at least 4-28-15), Neurontin, oxycodone. The request for authorization dated 10-26-15 was for cyclobenzaprine 10mg #60 with 5 refills. On 11-30-15 Utilization Review non-certified the request for cyclobenzaprine 10mg #60 with 5 refills, modified to #45 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Tab 10mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.