

Case Number:	CM15-0243085		
Date Assigned:	12/22/2015	Date of Injury:	04/23/2012
Decision Date:	01/29/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/14/2015

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: Emergency Medicine

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 56 year old male, who sustained an industrial injury on 4-23-2012. The injured worker was being treated for cervicgia, lower back pain, lumbar sprain and strain, and thoracic sprain and strain. The injured worker (7-30-2015) reports ongoing neck and low back pain. The injured worker did not report any muscle spasms of the neck or low back. The physical exam (7-30-2015) reveals decreased lumbar flexion, tenderness to palpation of the lumbar spine and paraspinal muscles, tenderness to palpation of the cervical and thoracic spine, muscle spasm of the lower paraspinal muscles, and tenderness to palpation of the bilateral hips. The injured worker (9-23-2015) reports "bugs crawling" sensation in the bilateral upper extremities, which is new. He did not report pain in the neck, bilateral hand, and back. The injured worker did not report any muscle spasms of the neck or low back. The physical exam (9-23-2015) reveals decreased lumbar flexion, tenderness to palpation of the lumbar spine and paraspinal muscles, tenderness to palpation of the cervical and thoracic spine, muscle spasm of the lower paraspinal muscles, and tenderness to palpation of the bilateral hips. The medical record (10-15-2015) shows that the injured worker presented for follow up following bilateral carpal tunnel injections with transient improvement. The injured worker reports ongoing neck, bilateral hand, and back pain. The injured worker did not report any muscle spasms of the neck or low back. There was no documentation of a physical exam on 10-15-2015 in the provided medical records. Treatment has included physical therapy, acupuncture, chiropractic therapy, a transcutaneous electrical nerve stimulation (TENS) unit, thera cane, lumbar support, wrist support, and medications including pain, muscle relaxant (Cyclobenzaprine since at least 7-2015), proton pump inhibitor,

and non-steroidal anti-inflammatory. The requested treatments included Cyclobenzaprine 7.5mg. On 11-17-2015, the original utilization review non-certified a request/requests for Cyclobenzaprine 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least 3months. The number of tablets is not consistent with short-term use. Cyclobenzaprine is not medically necessary.