

Case Number:	CM14-0177984		
Date Assigned:	10/31/2014	Date of Injury:	06/07/2000
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 51-year-old man with a date of injury of June 7, 2000. The mechanism of injury, and injuries sustained were not documented in the medical record. Pursuant to the progress note dated September 23, 2014, the IW complains of lower back pain and right leg pain and was overall doing worse. He had recently been diagnosed with an abscessed tooth, which caused dizziness and shortness of breath. He was taking Amoxicillin for the abscess. Physical examination revealed tenderness in the lumbar spine, and decreased lumbar range of motion. He had decreased sensation of the left L4 and L5 dermatomes, decreased strength of bilateral tibialis anterior and extensor hallucis longus muscles and a bilaterally positive straight leg raise test. The IW was diagnosed with herniated nucleus pulposus of L4-L5, failed low back surgery syndrome, facet arthropathy of the lumbar spine and left plantar fasciitis. The IW was using a TENS unit, Cyclobenzaprine, Nortriptyline 25mg, and Hydrocodone 10/325mg. A note dating back to May 20, 2014 indicates the IW was taking Cyclobenzaprine 7.5mg. With the use of these medications, the injured worker's pain was reduced from 10/10 to 5/10. He was able to experience increased functioning including walking further and more often. The IW was authorized for an epidural steroid injection (ESI) of the lumbar spine and was scheduled to proceed on September 5, 2014, but missed his appointment. At this point, he will not be able to have the ESI until his abscess is resolved. The provider recommends the IW proceed with the approved ESI as soon as he is cleared from his dental treatment. The IW is to continue with his current medication regimen and follow-up in 4 weeks for further evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Cyclobenzaprine 7.50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine (Flexeril) 7.5 mg #30 is not medically necessary. The guidelines recommend non-sedating muscle relaxants as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. Cyclobenzaprine is specifically recommended for short course therapy. The greatest effect appears to be in the first four days. In this case, the first progress note with documentation of Flexeril dates back to May 20, 2014. Cyclobenzaprine is indicated for 2 to 3 weeks. The injured worker has been taking Flexeril for five months. This is clearly in excess of the guideline recommendations. Additionally, there are no compelling clinical reasons for the continuation of Flexeril. Consequently, Cyclobenzaprine 7.5 mg #30 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Cyclobenzaprine (Flexeril) 7.5 mg #30 is not medically necessary.