

Case Number:	CM14-0214743		
Date Assigned:	01/07/2015	Date of Injury:	07/15/2003
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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:

Patient with reported date of injury on 7/15/2003. Mechanism of injury is described as bending over to lift a box and injured back. Patient has a diagnosis of lumbar disc displacement, lumbar disc degeneration, thoracic/lumbosacral neuritis/radiculitis and lumbago. Medical reports reviewed. Last report available until 12/11/14. Patient complains of low back pain. Pain is 4/10. Pain is aching and radiates to L buttock. Pain has improved after an epidural injection. Objective exam reveals L sided push off antalgic gait. Lumbar exam reveals limited range of motion with spinous process tenderness from L4-L5. Neurological exam is normal with no sensory deficits. Motor exam is normal. Medications include tramadol, ibuprofen and cyclobenzaprine. Patient has had physical therapy, psychological therapy, injections and medications. Independent Medical Review is for Cyclobenzaprine 5mg #30. Prior Utilization Review on 11/25/14 recommended non-certification. It approved tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41-42.

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 chronically. There is no documentation of improvement or any muscle spasms on exam or complaint. Flexeril is not medically necessary.