

Case Number:	CM15-0010506		
Date Assigned:	01/28/2015	Date of Injury:	11/19/2013
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/19/2015

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

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 38 year old male, who sustained an industrial injury on 11/19/2013. The diagnoses have included lumbar radiculopathy. Treatments to date have included acupuncture and medications along with waiting to start physical therapy according to most recent visit note. No diagnostic studies noted in received medical records. In a progress note dated 12/17/2014, the injured worker presented with complaints of increased lower back pain due to the cold weather. The injured worker stated the pain radiates down the left lower extremity and has numbness and tingling along the left lower extremity. The treating physician reported the injured worker takes his medications to function, which helps him manage his pain. Utilization Review determination on 12/22/2014 modified the request for Cyclobenzaprine 10mg 1 BID (twice daily) #60 to Cyclobenzaprine 10mg 1 BID #30 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremities. The request is for CYCLOBENZAPRINE 10MG #60. The patient is currently taking Omeprazole, Norco, Naproxen and Cyclobenzaprine. MTUS guidelines page 63-66 states: "Muscle relaxants for pain: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine Flexeril, Amrix, Fexmid, generic available: Recommended for a short course of therapy." In this case, the patient started utilizing Cyclobenzaprine between 11/12/14 and 12/17/14. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. Furthermore, the utilization review letter on 12/22/14 modified the request for Cyclobenzaprine #60 to #30. The request of Cyclobenzaprine #60 IS NOT medically necessary.