

Case Number:	CM15-0012868		
Date Assigned:	01/30/2015	Date of Injury:	11/24/2001
Decision Date:	03/19/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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, 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 64 year old male, who sustained an industrial injury on 11/24/2001. He has reported low back and left hip pain. The diagnoses have included status post L4-S1 fusion, left sacroiliitis, facet arthritis and degenerative disc disease L2-4 and chronic low back pain, as well as bladder cancer. Treatment to date has included epidural steroid injection x six (6), left SI joint injection, radiofrequency ablation 6/20/14, and lumbar fusion L4-S1 2001. Currently, the IW complains of worsening back and left hip pain rated 10/10 VAS without medication and 5-6/10 VAS with medication. Physical examination from 1/12/15 documented tender left lumbar paraspinal muscles, positive facet challenge at lumbar spine, left greater than right, decreased strength in left lower extremity, positive FABER on left side, and positive straight leg raise on the right. On 1/15/2015 Utilization Review non-certified Cyclobenzaprine 10mg tablet #60, noting the documentation from an evaluation dated 12/15/14 included "Flexeril will be discontinued at this time". The MTUS Guidelines were cited. On 1/22/2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine 10mg tablet #60.

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): 63-66.

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Furthermore, two consecutive serial progress notes from 11/17/14 and 12/15/14 specify in the treatment section that Flexeril should be discontinued. In the absence of supportive documentation or a reason why this medication should be continued despite the provider's plan to discontinue it, the currently requested cyclobenzaprine is not medically necessary.