

Case Number:	CM15-0110141		
Date Assigned:	06/16/2015	Date of Injury:	03/18/2014
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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 45-year old female, with a reported date of injury of 03/18/2014. The diagnoses include cervical spine strain, right shoulder strain, lumbar sprain/strain, lumbar degenerative disc disease, lumbar radiculitis, and low back pain. Treatments to date have included home exercise program and oral medications. The progress report dated 04/20/2015 is handwritten. The report indicates that the injured worker reported that her low back pain with right lower extremity radicular symptoms had improved with ongoing home exercise program, and core strengthening. She continued to work full duty. She used medications for her symptoms. The low back pain was rated 3-5 out of 10. The objective findings include tenderness to palpation at L4-5 and L5-S1, limited range of motion in all planes, sprain/strain of the bilateral lower extremities, intact sensation, positive straight leg raise test, and a slump right lower extremity. The progress report dated 01/20/2015 indicates that the injured worker had overall improved low back pain. She was still working, but developed low back pain and right shoulder pain. The low back pain was rated 4-7 out of 10. The objective findings include tenderness to palpation of the lumbar spine, limited lumbar range of motion in all planes, and intact sensation. The treating physician requested Cyclobenzaprine HCL 7.5mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL (hydrochloride) 7.5mg, #30 with 2 refills: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), 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 objective functional improvement because of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.