

Case Number:	CM15-0113422		
Date Assigned:	06/19/2015	Date of Injury:	07/11/2007
Decision Date:	07/20/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 59 year old male who reported an industrial injury on 7/11/2007. His diagnoses, and/or impressions, are noted to include: lumbar sprain, degenerative disc disease and displacement; lumbar radiculopathy in the setting of foraminal narrowing with nerve root irritation; myofascial pain; and low back and neck pain status-post failed low back and neck surgeries. No current imaging studies are noted. His treatments have included medication management. The progress notes of 3/2/2015 noted a visit for medication management with complaints of a flare-up of his chronic low back and bilateral leg pain which resulted from the 10% decrease in his regular pain medications. He reported his pain to be moderate, moderate-severe with activities, with his medications which significantly impacted his work, concentration, sleeping pattern and overall functioning; and requested a refill of his medications which included Flexeril as needed for muscle spasms. Objective findings were noted to include a slight limp and altered gait; no changes in exercise tolerance; low back, neck and bilateral leg pain; tenderness and spasm across the bilateral trapezius, levator scapulae, lumbosacral area with a 50% restriction in range-of-motion in the lumbosacral area; hypo-esthesia and dysesthesia in the posterolateral legs/toes; and a depressed bilateral patellar reflex. The physician's requests for treatments were noted to include the continuation of Cyclobenzaprine (Flexeril).

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 (for pain) Page (s): 63-65.

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 10 mg #60 and is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are degeneration lumbar or lumbosacral intervertebral disc; spinal stenosis lumbar region; displacement lumbar intervertebral disc without myelopathy; and lumbar radiculopathy. The documentation shows Flexeril was started October 14, 2011. The date of injury is July 11, 2007. According to a progress note dated May 1, 2015, the injured worker has chronic low back pain. The injured worker is status post cervical fusion, laminectomy in 2007 and 2009 respectively. Current medications include MS Contin 30 mg, Oxycodone, Feldene, and Flexeril 10 mg B.I.D. Subjectively, the injured worker has chronic low back pain. Objectively, there is cervical spine tenderness to palpation. The lumbar spine is tender to palpation. There is no documentation in the medical record the injured worker has sustained an acute exacerbation of chronic low back pain or acute low back pain. Additionally, cyclobenzaprine is recommended for short-term (less than two weeks). The treating provider continued cyclobenzaprine in excess of four years. Consequently, absent clinical documentation with evidence of lumbar spasm and treatment continued in excess of the recommended guidelines for short-term (less than two weeks) use, Cyclobenzaprine 10 mg #60 and is not medically necessary.