

Case Number:	CM15-0116054		
Date Assigned:	06/24/2015	Date of Injury:	04/11/2002
Decision Date:	07/23/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

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 55-year-old male, who sustained an industrial injury on 4/11/2002, while employed as a welder. He reported low back pain while performing his usual and customary duties. The injured worker was diagnosed as having herniated disc L5-S1 (5-6mm), disc bulges L2-5, fracture of the shaft of the left 4th metatarsal (4/20/04), left L5 radiculopathy, extreme weakness of the left extensor hallucis longus, peroneals and extensors, and compression fracture L1 (per magnetic resonance imaging in 11/2010). Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of low back pain and stiffness, increased and easily aggravated with any activity. The pain was greater on the left low side of the back into the buttocks. Medications included Tramadol, Motrin, and Cyclobenzaprine. He was documented as working with restrictions. Exam noted tenderness over the posterior iliac spines bilaterally. The treatment plan included continued medications. The use of Cyclobenzaprine was noted since at least 6/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back pain and lower extremity weakness. When seen, there was low back pain and stiffness. He was using a lumbar brace and metal ankle foot orthosis. He was continuing to work. Physical examination findings were bilateral posterior superior iliac spine tenderness. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.