

Case Number:	CM15-0116963		
Date Assigned:	07/23/2015	Date of Injury:	02/12/2008
Decision Date:	09/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/17/2015

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: Arizona, Texas

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 47 year old male, who sustained an industrial injury on February 12, 2008. He reported low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease, low back pain, lumbar discogenic pain syndrome, and chronic pain syndrome. Diagnostic studies to date have included: On February 12, 2008, electromyography/nerve conduction studies revealed no abnormal findings. On May 19, 2008, an MRI revealed a posterior annular tear at lumbar 4-lumbar 5. There was mild degenerative disk changes, a 6.3 millimeter right paracentral disk protrusion that effaces the thecal sac and right lumbar 5 transiting nerve root, and bilateral neuroforaminal narrowing encroachment with effacement of the lumbar 4 radiculopathy exiting nerve roots. At lumbar 5-sacral 1, there was a 2.5 millimeter left paracentral disk protrusion that abuts the thecal sac. There was a severe foraminal narrowing with encroachment on the lumbar 5 exiting nerve root. At thoracic 11-thoracic 12, there was a 2.5-millimeter disk protrusion. Treatment to date has included chiropractic therapy, physical therapy, massage therapy, home exercises, work modifications, ice, injections, and medications including oral short-acting and long-acting opioid analgesic, topical analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include the date(s) only, further details are not necessary. There were no noted previous injuries or dates of injury, and no noted comorbidities. On May 19, 2015, the injured worker complained of chronic low back pain, which was unchanged since the last visit. Associated symptoms include pins and needles in the low back. His pain is

tolerable with his medications. He takes Cyclobenzaprine as needed for occasional muscle spasms. His pain is rated: 8/10 without medications and 3/10 with medications. He continues to work. The physical exam revealed a slowed gait, normal strength of the bilateral lower extremities, intact and equal sensation, tenderness over the lumbar paraspinal, increased pain with flexion, and positive bilateral straight leg raise greater on the right than the left. The treatment plan includes Cyclobenzaprine (Flexeril).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the patient has been using Flexeril for longer than the recommended amount of time. The continued use is not medically necessary.