

Case Number:	CM15-0117428		
Date Assigned:	06/25/2015	Date of Injury:	12/15/2008
Decision Date:	07/24/2015	UR Denial Date:	05/29/2015
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: 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 52-year-old female, who sustained an industrial injury on 12/15/2008. The injured worker was diagnosed as having discogenic lumbar condition with radicular component despite negative EMG, internal derangement of the right knee with grade 4 chondromalacia along the patella, stenosing tenosynovitis along the A1 pulley of the right thumb, and chronic pain syndrome. Treatment to date has included diagnostics, pain management, injections, mental health treatment for depression and anxiety, and medications. Currently (most recent progress report 4/10/2015), the injured worker complains of low back pain, spasms, and stiffness. She also had pain in her right knee with standing and walking, difficulty sleeping, and an element of anxiety and depression. She was seeing pain management for injections and recently had a sacroiliac joint injection last month (no benefit). Exam noted tenderness across the lumbar paraspinal muscles and pain with facet loading. She had pain along the bilateral sacroiliac joints, more so on the right. Tenderness along the right knee joint line was noted. The treatment plan included continued medications, including Flexeril. She was currently not working. The use of muscle relaxants was noted for greater than 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) tablet 5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 97.

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 because of the cyclobenzaprine. A recent progress note does document continued spasms, and this was noted on April 10, 2015. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. It is noted that the Flexeril has been prescribed since at least December 30, 2014, and this timeframe exceeds guidelines. Given this, the current request is not medically necessary.