

Case Number:	CM15-0118569		
Date Assigned:	07/02/2015	Date of Injury:	02/05/1990
Decision Date:	08/04/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/19/2015

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 year 54 old male who sustained an industrial injury on 02/05/1990 while on a ladder; a large tree branch fell onto his back resulting in a T12 vertebral fracture, spinal cord injury and bilateral lower extremity paresis. The injured worker underwent a posterior spinal fusion with Harrington rods followed by an anterior decompression and stabilization of the thoracic spine (no date documented). The injured worker is also status post bilateral femoral artery angioplasty with stents, inferior vena cava filter secondary to a pulmonary embolus, bladder surgery and penile implant. Treatment to date has included diagnostic testing, multiple surgeries, physical therapy, bilateral ankle braces, transcutaneous electrical nerve stimulation (TEN's) unit, Coban wrap, Unna boots, compression stockings, pain pump, cervical pillow, ambulation devices, acupuncture therapy, home exercise kit and therapy, intravenous therapy infusion consisting of Toradol, Magnesium, B12 and Lidocaine 40mg over 30 minutes, oral and topical medications. According to the primary treating physician's progress report on May 7, 2015, the injured worker continues to experience right lower back pain with radiculopathy and right foot pressure and stabbing pains on prolonged standing. Examination demonstrated good muscle strength in the lower extremities on both extension and flexion. Lumbar extension and flexion are restricted by pain. The injured worker can only ambulate with the use of a cane. The injured worker was administered intravenous therapy solution consisting of Toradol, Magnesium, B12 and Lidocaine 40mg over 30 minutes at the office visit. Current medications are listed as OxyContin, Norco 10/325mg, Celebrex, Cyclobenzaprine, Neurontin and Lidoderm

Patch. Treatment plan consists of continuing with medication regimen, home exercises, strengthening, and the current request for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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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, 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.