

Case Number:	CM15-0119306		
Date Assigned:	06/29/2015	Date of Injury:	05/04/2013
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old female, who sustained an industrial injury on 5/4/13. The injured worker has complaints of low back that radiates down the bilateral lower extremities left greater than right and to the bilateral feet. The documentation noted that the pain is accompanied by numbness, tingling and muscle weakness and frequent muscle spasms in the low back bilaterally. The documentation noted that the injured worker has upper extremity pain in the bilateral shoulders. The documentation noted that there is spam noted in the bilateral paraspinous musculature and tenderness noted upon palpation in the bilateral paravertebral area L2-S1 (sacroiliac) level. The documentation noted myofascial trigger points with twitch response were noted in the paraspinous muscle on the right and gluteal muscles on the right. The straight leg raise while in seated position was positive bilaterally at 45 degrees. The diagnoses have included lumbar disc degeneration; lumbar radiculopathy; lumbar spinal stenosis and chronic pain. Treatment to date has included magnetic resonance imaging (MRI) of the magnetic resonance imaging (MRI) of the left shoulder on 9/27/13 showed there is supraspinatus tendinosis and there is a small focal partial tear of the anterior distal supraspinatus tendon at its humeral insertion, there is mild tendinosis of the infraspinus and there is supraspinatus and infraspinatus atrophy; magnetic resonance imaging (MRI) of the right shoulder on 9/27/13 showed supraspinatus tendon shows findings compatible with tendinosis and small focal partial tear at its anterior humeral insertion and there is subscapularis tendinosis; magnetic resonance imaging (MRI) of the lumbar spine dated 9/27/13 showed at L5-S1 (sacroiliac) there are 3 millimeter disc osteophytes and mild degenerative facet enlargement and there is mild thickening

of the ligamentum flavum in moderate right neural foraminal stenosis with mild impression upon the exiting right L5 nerve root within the foramen; L5-S1 (sacroiliac) lumbar interlaminar epidural steroid injection; tylenol #3; naproxen and Flexeril. The request was for cyclobenzaprine (flexeril) 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #30 is not medically necessary.