

Case Number:	CM15-0127484		
Date Assigned:	07/14/2015	Date of Injury:	05/14/2014
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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 30 year-old male who sustained an industrial injury on 05/14/14. Initial complaints and diagnoses are not available. Current diagnoses include neck sprain/strain, lumbar sprain/strain sacroiliac sprain/strain, thoracic sprain/strain, and thoracic or lumbosacral neuritis or radiculitis unspecified. Diagnostic tests and treatment to date has included MRI, chiropractic care, anti-inflammatory medication, and acupuncture. Currently, the injured worker complains of lumbar pain with spasms that are increased with movement; pain is rated as a 6-7 on a 10 point scale. Physical examination is remarkable for lumbar tenderness and spasms with decreased range of motion. Requested treatments include Fexmid 7.5 mg # 60 (cyclobenzaprine) dated of service 04-29-15. The injured worker is under work restrictions. Date of Utilization Review: 06/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg # 60 (Cyclobenzaprine) dated of service 04-29-15: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in May 2014 and continues to be treated for pain throughout the spine. When seen, there was lumbar spine tenderness with muscle spasms and pain at the lumbosacral junction. There was low back pain with straight leg raising. There was decreased range of motion with positive Kemp's testing. Fexmid was prescribed for 3-4 weeks. Muscle spasms had been present when evaluated in February 2015. Fexmid (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 more than 3 weeks of use. There was no acute exacerbation and spasms had been present for at least several months. The request was not medically necessary.