

Case Number:	CM15-0175163		
Date Assigned:	09/16/2015	Date of Injury:	11/27/2013
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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 63 year old male, who sustained an industrial injury on November 27, 2013. Medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar degenerative disc disease, lumbar strain-sprain, lumbosacral disc protrusion, shoulder impingement, acromioclavicular joint arthrosis, tendon disease, cervical spine sprain-strain, myofascial pain, cervical radiculitis and chronic pain. The injured worker was not currently working. Current documentation dated August 19, 2015 notes that the injured worker reported constant low back pain and tightness, which radiated to the left lower extremity. Associated symptoms included tightness, numbness and tingling down to the left foot. The pain was rated 5 out of 10 on the visual analogue scale. The low back pain was noted to be unchanged. Treatment and evaluation to date which has been helpful for the injured workers pain include Gabapentin, chiropractic treatments, a transcutaneous electrical nerve stimulation unit, self-massages and stretches and acupuncture treatments. Treatment and evaluation to date also included x-rays, MRI of the lumbar spine and right shoulder (5-6-2015), electrodiagnostic studies (7-24-2015), brace, heat therapy and a home exercise program. Current medications include Gabapentin, Lidopro topical cream and Cyclobenzaprine (prescribed since April of 2015). Current requested treatments include a request for Cyclobenzaprine 7.5 mg # 60. The Utilization Review documentation dated August 28, 2015 non-certified the request for Cyclobenzaprine 7.5 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS, 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 due to potential side effects. The continued use is not medically necessary.