

Case Number:	CM15-0176441		
Date Assigned:	09/17/2015	Date of Injury:	01/28/2012
Decision Date:	10/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old man sustained an industrial injury on 1-28-2012. The mechanism of injury is not detailed. Diagnoses include lumbar discopathy with bilateral stenosis, lumbar radiculopathy, anxiety disorder, and insomnia. Treatment has included oral medications. Physician notes dated 6-30-2015 show complaints of low back pain and burning sensations in the bilateral lower extremities and a history of intermittent neck pain. the physical examination shows tenderness to the paraspinal musculature of the lumbar spine, muscle spasms, restricted range of motion due to pain, right lower extremity weakness, positive straight leg raise, muscle strength of 4 out of 5 bilaterally, decreased reflexes bilaterally, and bilateral decreased sensation to light touch and pin prick. Recommendations include Nabumetone, Omeprazole, Cyclobenzaprine, Neurontin, and follow up in one month. Utilization Review denied a request for Cyclobenzaprine citing this medication is only recommended for short-term treatment, not to exceed 2-3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #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 guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over 6 months in combination with NSAIDS. Long-term use is not indicated. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.