

Case Number:	CM15-0023087		
Date Assigned:	02/12/2015	Date of Injury:	01/03/2005
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 01/03/2005, due to a lifting injury. On 12/30/2014, she presented for a followup evaluation regarding her work related injury. She reported chronic low back pain. She was noted to be taking hydrocodone, which was effective in reducing her pain by 50%. She also reported experiencing muscle spasms in the left paraspinal muscles. She rated her pain at a 5/10. A physical examination showed that she was able to transition from sitting to standing with mild to moderate difficulty. There was tenderness to palpation of the lumbar paraspinal muscles to the left, and flexion and extension were both decreased with range of motion. Pain was noted to be increased with extension on range of motion. Muscle reflexes were a 2+ in the upper and lower extremities, and manual muscle testing did not reveal any weakness. Sensation was intact. Her gait was antalgic. She was diagnosed with lumbar spine radiculopathy. A retrospective request was made for cyclobenzaprine 10 mg #90. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro review for Cyclobenzaprine (Flexeril, Amrix, Fexmid, comfort pac)10mg #90 for DOS 12/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants for the short term treatment of low back pain. Documentation provided for review shows that the injured worker was using hydrocodone for pain, but had also reported experiencing muscle spasms in the low back. However, there is a lack of documentation to support the medication cyclobenzaprine. Further clarification is needed regarding whether the injured worker was using this medication prior to the prescription written on 12/16/2014. Without this information, the cyclobenzaprine would not be supported as it is only recommended for short term treatment. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.