

Case Number:	CM15-0076634		
Date Assigned:	04/28/2015	Date of Injury:	01/30/2004
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/21/2015

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 (IW) is a 52 year old female who sustained an industrial injury on 01/30/2004. She reported neck and low back pain. The injured worker was diagnosed as lumbar disc degeneration; lumbar facet arthropathy; status post fusion, lumbar spine; chronic pain syndrome; history of paralytic ileus; status post exploratory laparoscopy; chronic nausea. Treatment to date has included treatment with a pain management specialist. Currently, the injured worker complains of neck pain and low back pain, both aggravated by activity and walking. She has nausea, abdominal pain bloating, frequent moderate gastrointestinal upset, severe constipation, (with use of current stool softener that controls symptoms) and intermittent fecal incontinence. She is seen in follow-up visit and re-examination on 03/18/2015. She reports functional improvement as a result of TENS (transcutaneous electrical nerve stimulation) unit use. She complains of chronic muscle spasms and difficulty sitting still. The plan of care was to review and continue her current medications. Retroactive requests for authorization were submitted for the following medications prescribed 03/18/15: Lidoderm 5% patch, Zofran 4mg, Senokot-S 8.6/50mg, and Cyclobenzaprine 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg, #90, 1 refill, prescribed 03/18/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

Decision rationale: 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 documentation supports that the patient has been taking flexeril for longer than the recommended amount of time. Continued use is not medically necessary due to potential of adverse effects of the medication.