

Case Number:	CM15-0077426		
Date Assigned:	04/29/2015	Date of Injury:	01/04/2013
Decision Date:	06/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: Anesthesiology, 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 41 year old female, who sustained an industrial injury on 1/4/13. The injured worker complaints of lumbar spine pain with occasional pain radiating to her left leg to left big toe. She has constant numbness and tingling in her left lower extremity in the same area as the pain with frequent weakness. The injured worker reports feelings of nervousness, visual recollection of the accident, physical trembling, dizziness, panic attacks, heart palpitations, feelings of insecurity and health worries. The diagnoses have included lumbosacral sprain/strain with left sciatica, rule out left L5 radiculopathy with X-ray findings of degenerative anterior superior and anterior inferior endplate osteophytes at L3 through S1 (sacroiliac) and rule out anxiety. Treatment to date has included physical therapy; chiropractor treatment; lumbar supports; X-rays of the lumbar spine; transcutaneous electrical nerve stimulation unit; ibuprofen and cyclobenzaprine-tramadol topical cream. The request was for cyclobenzaprine 7.5 mg quantity 90; one by mouth 3 times daily, (Retrospective - Dispensed 2/10/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg Qty 90 - 1 by mouth 3 times daily - (Retrospective - Dispensed 2/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

Decision rationale: Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great in the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use may lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.