

Case Number:	CM15-0079080		
Date Assigned:	04/30/2015	Date of Injury:	05/15/2014
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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 59 year old female, who sustained an industrial injury on 5/15/2014. She reported low back pain and right leg weakness from lifting. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, low back pain, and chronic pain syndrome. Treatment to date has included medications, magnetic resonance imaging of the lumbar spine (7/19/2014), massage, chiropractic, physical therapy, acupuncture, and exercises. Currently, the injured worker complains of low back pain. Medication use included Zantac, Cyclobenzaprine, Tramadol, and Vicodin. Her body mass index was 43.4% and pain was rated 4/10. She also reported bilateral knee pain, numbness in fingers and toes, headaches, depression, and sleep disturbance. Physical exam noted significant spasm and tenderness of the lumbar paraspinals bilaterally. She was unable to work full time. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

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 medical necessity has not been established.