MAXIMUS Federal Services

Case Number:	CM15-0095889		
Date Assigned:	05/22/2015	Date of Injury:	04/04/2012
Decision Date:	06/24/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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: North Carolina
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:

The injured worker is a 35-year-old male, who sustained an industrial injury on 4/4/12. The injured worker has complaints of neck, med back and low back pain. The documentation noted that the injured worker has diffuse tenderness to palpation of the cervical, thoracic and lumbar spine with spasms noted. The diagnoses have included degenerative disc disease of the lumbar spine; L5 bilateral spondylolysis; L5-S1 (sacroiliac) grade 1 anterolisthesis and retrolistheses at L3-4 and L4-5. Treatment to date has included chiropractor treatment; acupuncture treatment; percocet; senna; prilosec; flexeril; tylenol and magnetic resonance imaging (MRI) of the lumbar spine on 7/14/12 showed degenerative disc disease and facet arthropathy with retrolisthesis, L3-4 and L4-5 and grade 1 anterolisthesis, L5-S1 (sacroiliac) wit bilateral L5 spondylolysis and neural foraminal narrowing includes L4-5 mild right L5-S1 (sacroiliac) mild-to-moderate left and mild right neural foraminal narrowing. The request was for cyclobenzaprine 7.5mg #60 and follow up with doctor for pain psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines multiple relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Follow Up with Doctor for Pain Psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. In this case, the patient has ongoing pain complaints and therefore a follow up visit is medically warranted and the request is medically necessary.